

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name Oney's Restaurant/Lounge PWS ID# 4190413  
 Month/Year 11 / 2025 Entry Point: \_\_\_\_\_ Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:30am	Restaurant Restroom Sink	0.9	
2	9:30am	Restaurant Restroom Sink	0.9	
3	9:50am	Restaurant Restroom Sink	0.8	
4	9:30am	" "	0.8	
5	9:30am	" "	0.7	
6	9:30am	" "	0.5	
7	9:30am	" "	0.5	
8	9:30am	" "	0.4	
9	9:30am	" "	0.4	
10	9:30am	" "	0.2	Added Chlorine to Reservoir
11	9:30am	" "	1.1	
12	9:30am	" "	1.1	
13	9:30am	" "	1.0	
14	9:30am	" "	1.0	
15	9:30am	" "	1.0	
16	9:30am	" "	1.0	
17	9:30am	" "	0.9	
18	9:30am	" "	0.9	
19	9:30am	" "	0.9	
20	9:30am	" "	0.9	
21	9:30am	" "	0.7	
22	9:30am	" "	0.7	
23	9:30am	" "	0.7	
24	9:30am	" "	0.5	
25	9:30am	" "	0.5	
26	9:30am	" "	0.5	
27	9:30am	" "	0.5	
28	9:30am	Restaurant Restroom Sink	0.4	
29	9:30am	Restaurant Restroom Sink	0.4	
30	9:30am	Restaurant Restroom Sink	0.4	
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Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L? ☐ Yes ☒ No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<b>GWS Serving 3,300 or Fewer</b> If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: Erin Soethe Title: Owner/Manager Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (253) 861-3732 OR  
 Date: 12/09/2025 Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.