

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

System Name		Dney'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	9:30am	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	
31				
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.				
GWS Serving 3,300 or Fewer		GWS Serving More Than 3,300		
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		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		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		Date it was returned to service: / /
		Attach grab sample results and submit them with this form.		
Printed Name: Erin Soethe Signature: <u>Erin Soethe</u> Date: 12/09/2025		Title: Owner/Manager Phone #: (253) 861-3732		Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>

Return by 10th of following month by either email dwp.dmc@odhs.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.