

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

System Name Oney's Restaurant/Lounge PWS ID# 4196113  
 Month/Year Dec 12025 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 Faucet	0.4	
2	9:30am	Restaurant Restroom Faucet	0.4	
3	9:30am	"	0.2	Added Chlorine to Reservoir
4	9:30am	"	1.0	
5	9:30am	"	1.0	
6	9:30am	"	1.0	
7	9:30am	"	1.0	
8	9:30am	"	0.9	
9	9:30am	"	0.9	
10	9:30am	"	0.9	
11	9:30am	"	0.8	
12	9:30am	"	0.8	
13	9:30am	"	0.8	
14	9:30am	"	0.7	
15	9:30am	"	0.7	
16	9:30am	"	0.7	
17	9:30am	"	0.5	
18	9:30am	"	0.5	
19	9:30am	"	0.5	
20	9:30am	"	0.4	
21	9:30am	"	0.4	
22	9:30am	"	0.4	
23	9:30am	"	0.2	
24	9:30am	"	0.2	Added Chlorine to Reservoir
25	9:30am	"	1.0	
26	9:30am	"	1.0	
27	9:30am	"	1.0	
28	9:30am	"	0.9	
29	9:30am	"	0.9	
30	9:30am	Restaurant Restroom Faucet	0.9	
31	9:30am	Restaurant Restroom Faucet	0.8	

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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Erin Soethe Title: Owner of Amens Properties LLC Operator Certification #: \_\_\_\_\_  
 Signature: Erin Soethe Phone #: (238) 61-3732 OR  
 Date: 01/08/2026 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.