

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

System Name Oney's Restaurant/Lounge PWS ID# 41 90413  
 Month/Year Jun / 2026 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	0.8	
2	9:30am	Restaurant Restroom Faucet	0.8	
3	9:30am	" "	0.7	
4	9:30am	" "	0.7	
5	9:30am	" "	0.7	
6	9:30am	" "	0.6	
7	9:30am	" "	0.6	
8	9:30am	" "	0.5	
9	9:30am	" "	0.5	
10	9:30am	" "	0.4	
11	9:30am	" "	0.4	Added more Chlorine to Reservoir
12	9:50am	" "	1.0	
13	9:30am	" "	1.0	
14	9:30am	" "	1.0	
15	9:30am	" "	0.9	
16	9:30am	" "	0.9	
17	9:30am	" "	0.9	
18	9:30am	" "	0.8	
19	9:30am	" "	0.8	
20	9:30am	" "	0.8	
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	" "	0.4	
28	9:30am	" "	0.4	
29	9:30am	" "	0.4	
30	9:30am	Restaurant Restroom Faucet	0.3	Added Chlorine to Reservoir
31	9:30am	Restaurant Restroom Faucet	1.0	

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>

Printed Name: Erin Joethe Title: owner of Amseids Properties LLC Operator Certification #: \_\_\_\_\_  
 Signature: Erin Joethe Phone #: (253) 861-3732 OR  
 Date: 02/06/2026 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.