

System Name One's Restaurant/Lounge

PWS ID# 41 90413

Month/Year 01/2024 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 Bathroom Sink	0.4	
2	9:30am	Restaurant Bathroom Sink	0.4	
3	9:30am	Restaurant Bathroom Sink	0.4	
4	9:30am	Restaurant Bathroom Sink	0.4	
5	10:30am	Restaurant Bathroom Sink	0.4	
6	10:30am	Restaurant Bathroom Sink	0.4	
7	11:00am	Restaurant Bathroom Sink	0.4	
8	9:30am	Restaurant Bathroom Sink	0.4	
9	9:30am	Restaurant Bathroom Sink	0.3	
10	9:30am	Restaurant Bathroom Sink	0.3	
11	10am	Restaurant Bathroom Sink	0.9	Added Chlorine at Reservoir
12	9:30am	Restaurant Bathroom Sink	0.9	Added Chlorine at Reservoir
13	9:30am	Restaurant Bathroom Sink	0.9	
14	9:30am	Restaurant Bathroom Sink	0.9	
15	10am	Restaurant Bathroom Sink	0.9	
16	11:00am	Restaurant Bathroom Sink	0.9	
17	11am	Restaurant Bathroom Sink	0.9	
18	9:30am	Restaurant Bathroom Sink	0.8	
19	9:30am	Restaurant Bathroom Sink	0.8	
20	9:30am	Restaurant Bathroom Sink	0.8	
21	9:30am	Restaurant Bathroom Sink	0.8	
22	9:30am	Restaurant Bathroom Sink	0.7	
23	9:30am	Restaurant Bathroom Sink	0.7	
24	9:30am	Restaurant Bathroom Sink	0.6	
25	9:30am	Restaurant Bathroom Sink	0.6	
26	9:30am	Restaurant Bathroom Sink	0.6	
27	9:30am	Restaurant Bathroom Sink	0.4	
28	9:30am	Restaurant Bathroom Sink	0.4	
29	9:30am	Restaurant Bathroom Sink	0.4	
30	9:30am	Restaurant Bathroom Sink	0.4	
31	9:30am	Restaurant Bathroom Sink	0.4	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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 Soethe Title: Owner, One's Restaurant/Lounge Operator Certification #: _____
 Signature: Erin Soethe Phone #: (253) 861-3732 OR
 Date: 02/16/2024 Small Groundwater System

Return by 10th of following month by either email dwp.dmc@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.