

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

.8 To 4.0

System Name Cellarians mt. N Lodge PWS ID# 4191551  
 Month/Year 02 2022 Entry Point: H. K. O's Bath Required Minimum Residual .8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1222	SPRING 2,3,4,5,6	2.4	
2	1452	SPRING 2,3,4,5,6	1.3	
3	1456	SPRING 2,3,4,5,6	1.7	
4	1330	SPRING 2,3,4,5,6	1.4	
5	1422	SPRING 2,3,4,5,6	1.1	
6	1515	SPRING 2,3,4,5,6	1.1	
7	1042	SPRING 2,3,4,5,6	1.0	
8	1144	SPRING 2,3,4,5,6	1.2	
9	1306	SPRING 2,3,4,5,6	1.2	
* 10	0900	SPRING 2,3,4,5,6	1.3	
11				
12				
13				
14				
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31				

Was the chlorine residual ever less than the required minimum residual of .8 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L?  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  
 Yes  No  
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /  
 Date it was returned to service: / /

Printed Name: Robert Newman Title: maintenance  
 Signature: [Signature] Phone #: (541) 297-3758  
 Date: 02/10/2022

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

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

-8704.0

System Name Callahan's mt. n Lodge PWS ID# 4191551  
 Month/Year 02 2022 Entry Point: Hike's Bathroom Required Minimum Residual .8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
* 11	11:00	SPRINGS 2, 3, 4, 5, 6	3.0	
12	9:15	SPRINGS 2, 3, 4, 5, 6	2.8	
13	9:10	SPRINGS 2, 3, 4, 5, 6	2.8	
14	13:19	SPRINGS 2, 3, 4, 5, 6	2.2	
15	13:42	SPRINGS 2, 3, 4, 5, 6	2.2	
16	13:20	SPRINGS 2, 3, 4, 5, 6	1.9	1/2 gallon chlorine / 4 gallons water
17	09:54	SPRINGS 2, 3, 4, 5, 6	1.18	
18	12:44	SPRINGS 2, 3, 4, 5, 6	1.89	
19	13:01	SPRINGS 2, 3, 4, 5, 6	1.31	
20	14:20	SPRING 2, 3, 4, 5, 6	1.22	
21	15:23	SPRING 2, 3, 4, 5, 6	0.95	
22	11:46	SPRINGS 2, 3, 4, 5, 6	1.19	
23	14:19	SPRINGS 2, 3, 4, 5, 6	1.11	
24	13:55	SPRINGS 2, 3, 4, 5, 6	1.19	
25	14:13	SPRINGS 2, 3, 4, 5, 6	1.09	
26	13:40	SPRING 2, 3, 4, 5, 6	1.17	
27	13:15	SPRING 2, 3, 4, 5, 6	1.39	
28	15:20	SPRINGS 2, 3, 4, 5, 6	1.49	
29				
30				
31				

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

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L?  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  
 Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Robert Newman Title: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 297-3758  
 Date: 2/28/2022

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System