

dwp.amce@dhscha.state.or.us  
 State of Oregon Drinking Water Program  
 Monthly Disinfection Report for Ground Water Systems

System Name Cellarians mtv Lodge PWS ID# 4191551  
 Month/Year 03 2022 Entry Point: Hiker Bathroom Required Minimum Residual 0.8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1255	SPRINGS 2, 3, 4, 5, 6	1.8	1 gallon of chlorine / 6 gallons water
2	1304	SPRING 2, 3, 4, 5, 6	1.57	
3	1448	SPRINGS 2, 3, 4, 5, 6	1.51	
4	1342	SPRINGS 2, 3, 4, 5, 6	1.56	
5	11:45	SPRING 2, 3, 4, 5, 6	1.59	
6	17:15	SPRING 2, 3, 4, 5, 6	1.67	
7	1405	SPRINGS 2, 3, 4, 5, 6	1.61	
8	1421	SPRINGS 2, 3, 4, 5, 6	1.63	
9	1433	SPRINGS 2, 3, 4, 5, 6	1.83	
10	1407	SPRINGS 2, 3, 4, 5, 6	1.76	
11	1430	SPRING 2, 3, 4, 5, 6	1.56	
12	1130	SPRING 2, 3, 4, 5, 6	1.65	
13	12:45	SPRING 2, 3, 4, 5, 6	1.60	
14	1424	SPRINGS 2, 3, 4, 5, 6	1.79	
15	1030	SPRING 2, 3, 4, 5, 6	1.96	
16	1311	SPRINGS 2, 3, 4, 5, 6	2.00	1 gallon @ 10/10 L - 12 Gallon water
17	1222	SPRINGS 2, 3, 4, 5, 6	1.78	
18	1400	SPRINGS 2, 3, 4, 5, 6	1.84	
19	11:30	SPRING 2, 3, 4, 5, 6	1.66	
20	1145	SPRING 2, 3, 4, 5, 6	1.72	
21	1401	SPRINGS 2, 3, 4, 5, 6	1.79	
22	1326	SPRINGS 2, 3, 4, 5, 6	1.80	
23	1403	SPRINGS 2, 3, 4, 5, 6	1.98	
24	1524	SPRINGS 2, 3, 4, 5, 6	1.83	
25	1503	SPRINGS 2, 3, 4, 5, 6	2.01	
26	11:30	SPRING 2, 3, 4, 5, 6	1.79	
27	11:15	SPRING 2, 3, 4, 5, 6	1.78	
28	1535	SPRINGS 2, 3, 4, 5, 6	1.85	
29	1448	SPRINGS 2, 3, 4, 5, 6	2.12	
30	1411	SPRINGS 2, 3, 4, 5, 6	1.90	
31	1523	SPRING 2, 3, 4, 5, 6	2.04	

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

<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?                  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                  Date continuous monitoring equipment failed: / /</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Robert Newman Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: ( ) \_\_\_\_\_ OR  
 Date: 3 13 2022 Small Groundwater System