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

Month/Year D   22 Entry Point   Courted Street Chlorine residual at entry point to distribution system in   Notes    Time   Source(s) in use   Lowest free chlorine residual at entry point to distribution system in   Notes    C   Courted   Courted	System	Name	EIKL	aka Ba	>of 6	)MO 15"	04727	
Date Time Source(s) in use	Month/Year $0/122$ Entry Points $10.41$							
1	Date				Lowest free chlorin residual at entry poin	e t to		
3 4 Classed 5 6 Clossed 7 8 Secretary Secretar	1		11/2	11	distribution system	<b>(p</b>		
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11   Closed   Closed					54			
12   Closed   Closed   State   Closed   State   State   Closed   State   State					Class			
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14   15   16   17   18   19   19   19   19   19   19   19					Closed			
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Was the chlorine residual ever less than the required minimum residual of					6 5 7			
Was the chlorine residual ever less than the required minimum residual of, mg/L? Yes					26			
Was the chlorine residual ever less than the required minimum residual of					:49			
Was the Chlorine residual ever less than the required minimum residual of					Closer			
GWS Serving More Than 3,300  If yes, did you monitor every beauntil the residual returned tomg/L as required?	If yes, what was the longest time poried with the required minimum residual of							
If yes, did you monitor every future it the residual returned tomg/L as required? ☐ Yes ☐ No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time its reporting month? ☐ Yes ☐ No  If yes, were grab samples collected every four hours ut the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No  Attach grab sample results and submit them with this form.  Title: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					The second secon			
reporting month? ☐ Yes ☐ No  Attach those results and submit them with this form.  Title:	If yes, did you monitor every futeuntil the			Did continuous monitoring and				
this form.    Containable Months   Containable Mont	residual returned tomg/L as			reporting months in Yes in No			Date continuous monitoring equipment failed:	
this form.    Containable Months   Containable Mont	Attach those results and submit them with this form.			If yes, were grab samples collected every four hours witho			1 1	
Attach grab sample results and submit them with this form.				continuous monitoring equipment was returned to service as				
rinted Name: 1 at There Title: Owner Operator Certification #:  ignature: Phone #: (SQ3 SO1 8 78)  OR			$\sim$	Attach grab sample results and submit them with this form.		/		
ignature: Phone #: (SQ)3 80/ 8 780 OPErator Certification #:	rinted Nan	ne: ta	+ Mieve	Tilla. (), 100 /		- PC - C - K		
ate: 07 102 127 OR	Signature: Phone #: (\$733 \$0/ \$795) Operator Certification #:							
Small Groundwater System □	Fliorie # 1 X(A) SO/ 7) 100							
	Small Groundwater System □							