

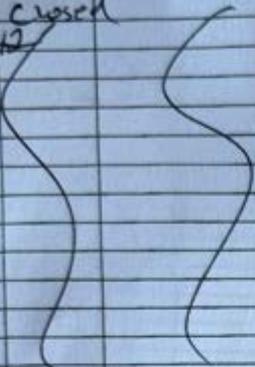
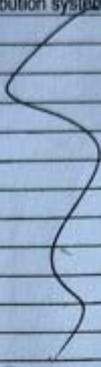
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name 

PWS ID# 41 91737

Month/Year 12/25 Entry Point: Treated Site

Required Minimum Residual .4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes		
1	closed					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	11 AM	Kitchen	.51			
16	11 AM	kitchen	.52			
17	10 AM	kitchen	.58			
18	7 AM	kitchen	.63			
19	12 PM	kitchen	.50			
20	8 PM	kitchen	.51			
21	6 AM	kitchen	.48			
22	7 AM	kitchen	.44			
23	8 AM	kitchen	.43			
24	7 AM	kitchen	.48			
25	3 PM	kitchen	.49			
26	6 AM	kitchen	.50			
27	11 AM	kitchen	.44			
28	7 AM	kitchen	.46			
29	8 AM	kitchen	.47			
30	1: PM	kitchen	.46			
31	7 AM	kitchen	.47			

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: Michael Weddes Title: Owner Operator Certification #: _____
 Signature:  Phone #: (541) 400-4201 OR
 Date: 1 Small Groundwater System

Return by 10th of following month by either email dwp.dnce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.