

NOVEMBER 2024
 State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems

PWS ID# 41

System Name
 Month/Year

Entry Point

Required Minimum Residual

0.7
 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0830		1.0	ADD 1/4
2	0830		1.70	ADD 1/4
3	0830		1.70	ADD 1/4 cup
4	0800		1.70	ADD 1 cup
5	0900		1.70	ADD 1/2 cup
6	0800		1.70	1/4 cup
7	0800		1.78	1/4 cup
8	0800		1.3	1/4 cup
9	0730		1.1	1/4 cup
10	0900		1.99	1/4 cup
11	0800		1.87	1/4 cup
12	0800		1.95	1/2 cup
13	0800		1.91	1/2 cup
14	0800		1.16	1/4 cup
15	0800		1.19	1/4 cup
16	0800		1.20	1/4 cup
17	0730		1.10	1/4 cup
18	0800		1.00	1/2 cup
19	0800		1.00	1/2 cup
20	0800		1.82	1/4 cup
21	0800		1.4	1/4 cup
22	0900		1.4	1/4 cup
23	0800		1.15	1/4 cup
24	0800		1.70	1/4 cup
25	0800		1.19	1/4 cup
26	0810		1.96	1/2 cup
27	0800		1.02	1/2 cup
28	0800		1.05	1/2 cup
29	0730		1.13	1/4 cup
30	0800		1.08	1/4 cup
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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

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 as required? 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: Lynn Romero
 Signature: [Signature]
 Date: 11/30/2024

Title: Manager
 Phone #: (504) 997-3031

Operator Certification # _____
 OR
 Small Groundwater System

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