MARCH 2025

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name

Month/Year 03 / 2025 Entry Point:

PWS ID# 41

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	0800		1.02	ICUP
2	0800		1.00	ICUP
3	0800		1.10	ICUP
4	0800		1.17	ICUP
5	0800		1.25	ICUP
6	0800		1.44	
7	0800		1.51	
8	0800		1.29	ICUP
9	0800		1.78	
10	0800		1.68	
11	0800		1.79	
12	0800		1.73	
13	0800		1.69	
14	0800		1.63	
15	0800		1.58	
16	0800		1.73	
17	0800		1.58	
18	0800		1.65	
19	0800		1.43	
20	0800		1.20	ICUP
21	0800		1.33	
22	0800		1.28	
23	0800		1.39	
24	0800		1.10	ICUP
25	0800		1.00	ICUP
26	0800		1.07	ICUP
27	0800		1.01	ICUP
28	0800		1.12	ICUP
29	0800		1.19	ICUP
30	0800		1.42	
31	0800		1.51	

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: / / N/A

Date it was returned to service: / /

Printed Name: Lynn Romero

Signature:

Date: 3/31/2025

Title: Manager

Phone #: 541 997.3031

Operator Certification #:

OR

Small Groundwater System ☒

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