

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

System Name _____ PWS ID# 4191911
 Month/Year 01/23 Entry Point: Office Required Minimum Residual _____ mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:00	Office	1.29	
2			1.28	
3			1.28	
4			1.62	
5			1.62	
6			1.61	
7			1.61	
8			1.60	
9			1.61	
10			1.59	
11			1.60	
12			1.59	
13			1.58	
14			1.58	
15			1.56	
16			1.57	
17			1.56	
18			1.55	
19			1.50	
20			1.52	
21			1.51	
22			1.50	
23			1.49	
24			1.42	
25			1.41	
26			1.40	
27			1.36	
28			1.35	
29			1.30	
30			1.28	
31			1.26	

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>GWS Serving 3,300 or Fewer</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>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 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 Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: Donna Logan Title: _____ Operator Certification #: _____
 Signature: *[Signature]* Phone #: 541-295-1269