


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

System Name  PWS ID# 41 92101
 Month/Year Jan 21 Entry Point: Required Minimum Residual 1.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
1	OFF	Spring			
2	OFF				
3	OFF				
4	8:13			2.2	
5	8:13			2.4	
6	8:12			2.5	
7	8:09			2.6	
8	OFF				
9	OFF				
10	OFF				
11	8:06			2.4	
12	8:10			2.2	
13	8:08			2.2	
14	8:11			2.2	
15	OFF				
16	OFF				
17	OFF				
18	OFF				
19	8:07			2.4	
20	8:08			2.2	
21	8:08			2.2	
22	OFF				
23	OFF				
24	OFF				
25	8:15			1.8	
26	8:08			1.6	
27	8:10			1.4	
28	8:10			1.5	
29	OFF				
30	OFF				
31	OFF				

Was the chlorine residual ever less than the required minimum residual of 1.0 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>
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Printed Name: Matt Wilks Title: water operator Operator Certification #: T092949
 Signature:  Phone #: (541) 825-3296 OR D097475
 Date: 2 13 21 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.