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

| 1 0° 2 0° 3 6° 4 0° 5 0° 6 7 0° 8 0° 11 0° 12 0° 13 14 15 0° 16 0° 17 0° 18 0° 17 0° 18 0° 18 0° 19 0° 20 0° 21 22 0° 22 0° 22 0° 22 0° 24 0° | 730<br>745<br>745<br>737<br>737<br>737<br>749<br>749<br>7730<br>7730 | Source(s) in   | use   | Lowest free chlorine residual at entry point to distribution system (mg/L 2.28 2.13 2.35 2.15 2.15 2.15 2.15 | 3<br>8<br>9<br>1<br>E                                      |
|---|--|--|---|--|--|
| 22  | 745<br>747<br>737<br>737<br>749<br>9745<br>9745<br>9730              | \$0/in7  |   | 2.28<br>2.13<br>2.35<br>2.35<br>2.15<br>2.19   | \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                   |
| 3 6 4 6 5 6 6 6 7 7 7 8 6 6 6 6 7 6 6 6 6 7 6 6 6 6   | 749  | 7  |   | 2.28<br>2.13<br>2.35<br>2.35<br>2.15<br>2.19   | \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                   |
| 3 6 4 6 5 6 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6   | 749  |  |   | 2.13<br>2.35<br>2.35<br>2.25<br>2.12<br>2.19   | \$<br>\$<br>\$   |
| 4   | 737<br>737<br>740<br>800<br>745<br>0745<br>0745                      |  |   | 2.13<br>2.35<br>2.15<br>2.12<br>2.19   | \$<br>\$<br>\$   |
| 5 0°66 7 8 0°9  | 737  |  |   | 2.25<br>2.13<br>2.19   | \$<br>\$<br>\$   |
| 7   | 300<br>745<br>9745<br>9745<br>9730                                   |  |   | 2.25<br>2.13<br>2.19   | \$<br>\$<br>\$   |
| 8 0° 9 0 10 0 11 0 12 0 13 14 15 0 16 0 17 0 18 0 7 18 0 7 19 0 20 1 22 0 23 6 24 0°  | 300<br>745<br>9745<br>9745<br>9730                                   |  |   | 2.19   | \$<br>\$   |
| 9 D<br>10 o<br>11 o<br>12 o<br>13  <br>14  <br>15 C<br>16 o<br>17 o<br>18 o<br>7  <br>19 o<br>20  <br>21  <br>22 o<br>23 o                    | 300<br>745<br>9745<br>9745<br>9730                                   |  |   | 2.19   | \$<br>\$   |
| 10 6<br>11 6<br>12 6<br>13 14 15 6<br>16 0<br>17 • 18 0<br>18 0<br>19 0<br>20 21 22 0<br>22 0<br>24 0   | 745<br>0745<br>0745<br>0745<br>0730                                  |  |   | 2,19   | \$<br>\$   |
| 60 6<br>61 6<br>62 6<br>63 7<br>66 0<br>67 0<br>70 0<br>70 0<br>70 0<br>70 0<br>70 0<br>70  | 745<br>0745<br>0745<br>0745<br>0730                                  |  |   | 2,19   | 6  |
| 2   | 0745<br>2730<br>2730   |  |   | 2,25   |  |
| 2   6   6   6   6   6   6   6   7   6   6   | 0745<br>2730<br>2730   |  | 77.00   |  | 6  |
| 3   | 7730   |  |   | 2.39   | 3  |
| 15  | 7730   |  |   |  |  |
| 66 0<br>67 • 18 0<br>70 19 0<br>20 21 22 0<br>23 6 24 0   | 7730   |  |   |  | -  |
| 17 • 18 • 7 19 • 7 20 21  | 7730   |  |   | 2.35   | В  |
| 17 • 18 • 7 19 • 7 20 • 21  |  |  |   | 2,27   | 3  |
| 18 <b>67</b><br>19 <b>6</b><br>20 21 <b>2</b><br>22 <b>6</b><br>23 <b>6</b>   | 730  |  |   | 2.11   | 3  |
| 20<br>21<br>22 <b>0</b><br>23 <b>6</b><br>24 <b>0</b>   | 1340   |  |   | 2,35   | B  |
| 20<br>21<br>22 <b>0</b><br>23 <b>6</b><br>24 <b>0</b>   | 7:30   | · /  | •   | 2,30   | G  |
| 22 <b>0</b> 23 <b>6</b> 24 <b>0</b>   |  |  |   |  |  |
| 23 <b>6 24 0</b>  |  |  |   |  |  |
| 23 <b>6</b> *<br>24 <b>0</b> *  | 730  |  |   | 2.49   | 5  |
|   | 740  |  |   | 2,45   | 8  |
|   | 1930   |  | ···   | 2.49   | B  |
| 25 01:  | :00  |  |   | 2,33   | P  |
| 26 6 7  | 1:45   |  |   | 2.54   | B  |
| 27  |  |  |   |  |  |
| 28  |  | ·  |   |  |  |
| 29 🖊  |  |  |   |  |  |
| 30 <b>4</b>   | 10130  |  |   | 3.11   | 8  |
| 31 6  | 7145   |  |   | 2,82   | Į <b>Z</b>   |
| yes, wha  | at was the   | sidual ever less than the longest-time period unti<br>xt business day. |   |  | Yes No<br>ours – If > 4 hours, Drinking Water Program to b |
| GWS S   | Serving  | 3,300 or Fewer   |   | GWS Serving  | g More-Than 3,300  |
| If yes, did you monitor every four hours until the residual returned to mg/L as required?   |  |  | Did continuous monitoring equipment fail at any time this pate continuous monitoring reporting month? Yes No equipment failed:            |  |  |
| Attach those results and submit them with this form.  |  |  | If_yes, were grab samples collected every four hours until the continuous monitoring equipment_was returned to_service as required? YesNo |  |  |
|   | ·  |  | Attach grab s   | ample results and submit the   | em with this for <del>m.</del> / /                         |
| inted Nar<br>gnature:   | ame: Ma  | AN Liter   | Til   | ile: water operator<br>none #: (541) 825-329   | Operator Certification #: 09 29                            |