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

System	Name \mathcal{D}_{a}	mys (mek	PWS ID# 4192101					
Month/	Year De C	173 Entry Poi	nt: A	Required Minimum Residual 1 - 0 mg/L				
Date	Time	Source(s) in	use	Lowest free chlorine residual at entry point distribution system (mg	to		Notes	
1_		Splinge					+	
2						•		
3		1	-	1				
4	0745			1.95	<u> </u>	From	notes my	
5	0800			1. 45		,	Nopes My	
6	0800	1	,	7.32				
7	07/5			2.96	_			
8	6730			2.52_	a			
9	0720			2.93	6			
10								
11	0730			2,59	0	****		
12	0745			2.77	1			
13	0745			1 00	<u></u>	· · · ·		
14	5800			2 30				
15	0730			751	8			
16	0170			470				
17			 		·			
18	0725			2 000	- -	•		
19	7			2.89	<u> </u>			
20	6730		· · · · · · · · · · · · · · · · · ·	3,13	В			
	6736	 		3.10	9		<u>.</u>	
21	0730			2,79				
22		ļ	=-	·				
23							·	
24								
25	//							
26	/		*.** <u></u>					
27	0770			2.85	•			
28	0730			2,68	6	6		
29	070			2,70	4			
30								
31								
Was the chlorine residual ever less than the required minimum residual of mg/L? Yes KNo								
If yes,	what was the	longest-time period unti ext business day.					inking Water Program to be	
GWS Serving 3,300 or Fewer GWS Serving More-Than 3,300								
1			Did	•				
until tr	ne residual <u>ref</u>	tor every four hours turned to mg/L Yes No	Did continuous monitoring equipment fall at any time this reporting month? Yes -No				Date continuous monitoring equipment failed:	
Ι ΄		_	If yes, were g	If yes, were grab samples collected every four hours un			//	
		s and submit them with	continuous monitoring equipment was returned to			vice as	Date it was returned to	
this form,			required? Yes No				service:	
<u> </u>			Attach grab sample results and submit them w		hem with this	form.	1 1	
Printed Name: Mast Like Title: Like Coperate Signature: Phone #: (54) 825-338						Operator Certification #. 97290/		
Signature: Phone #: (57/) 825-3, SIGNAR OR								
Date: 1/3/24								
The state of the s						Small Groundwater System 🔲		