

PWS ID# 41 92106

EP-A

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:15	ENTRY POINT	0.8	
2	6:25	ENTRY POINT	0.8	
3	6:21	ENTRY POINT	0.8	
4	6:52	ENTRY POINT	0.9	
5	6:30	ENTRY POINT	0.8	
6	7:10	ENTRY POINT	0.8	
7	6:54	ENTRY POINT	0.7	
8	6:31	ENTRY POINT	0.7	
9	7:12	ENTRY POINT	0.8	
10	7:15	ENTRY POINT	0.8	
11	6:27	ENTRY POINT	0.8	
12	6:18	ENTRY POINT	0.7	
13	6:51	ENTRY POINT	0.7	
14	7:12	ENTRY POINT	0.8	
15	7:12	ENTRY POINT	0.8	
16	6:27	ENTRY POINT	0.7	
17	7:12	ENTRY POINT	0.7	
18	6:10	ENTRY POINT	0.8	
19	6:42	ENTRY POINT	0.9	
20	7:13	ENTRY POINT	0.8	
21	6:05	ENTRY POINT	0.7	
22	6:12	ENTRY POINT	0.8	
23	7:51	ENTRY POINT	0.8	
24	7:15	ENTRY POINT	0.8	
25	6:56	ENTRY POINT	0.7	
26	6:11	ENTRY POINT	0.7	
27	7:51	ENTRY POINT	0.8	
28	7:30	ENTRY POINT	0.8	
29	6:47	ENTRY POINT	0.9	
30	7:11	ENTRY POINT	0.9	
31	7:13	ENTRY POINT	0.8	

Was the chlorine residual ever less than the required minimum residual of 0.4 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: \_\_\_\_\_

Date it was returned to service: \_\_\_\_\_

Printed Name: Gregg E. [Signature] Title: Manager Operator Certification #: \_\_\_\_\_  
Signature: [Signature] Phone #: 541-271-2025 OR  
Date: 11/13/22 Small Groundwater System ☒