

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

System Name



PWS ID# 41 **92133**

Month/Year

**1 / 26**

Entry Point:

Required Minimum Residual **0.5** mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:43 <sup>Am</sup>	Pump house spike	1.1	
2	7:02		1.1	
3	6:48		1.1	
4	6:45		1.2	
5	7:04		1.1	
6	7:07		1.0	
7	7:01		1.0	
8	7:02		1.1	
9	7:08		1.0	
10	7:11		1.0	
11	7:21		1.1	
12	6:52		1.2	
13	7:02		1.1	
14	7:11		1.0	
15	7:21		1.0	
16	8:42		1.1	
17	7:14		1.2	
18	7:08		1.1	
19	7:10		1.0	
20	7:12		0.9	
21	7:08		1.1	
22	7:11		1.2	
23	7:34		1.1	
24	8:52		1.0	
25	9:01		1.0	
26	11:09		1.1	
27	7:02		1.0	
28	7:11		1.0	
29	7:25		1.1	
30	7:44		1.2	
31	7:38		1.0	

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 – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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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<p>Printed Name: <b>Austin Weister</b></p> <p>Signature: <i>Austin Weister</i></p> <p>Date: <b>1 / 31 / 26</b></p>	<p>Title: <b>owner</b></p> <p>Phone #: <b>(725) 999-8451</b></p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.