

1971673 0694

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

System Name

Weco / Wolf Creek

PWS ID# 41 93482

Month/Year

1 / 21

Entry Point:

EP-A

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		SRC AA Well	.3	
2			.3	
3			.3	
4			.2	
5			.2	
6			.2	
7			.2	
8			.3	
9			.3	
10			.2	
11			.2	
12			.2	
13			.2	
14			.2	
15			.2	
16			.3	
17			.3	
18			.3	
19			.2	
20			.2	
21			.2	
22			.2	
23			.2	
24			.2	
25			.2	
26			.3	
27			.3	
28			.2	
29			.2	
30			.2	
31			.2	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No
If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 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?
 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:

Marie Brenden

Title:

Manager

Signature:

Marie Brenden

Phone #:

(503) 866-2711

Date:

02/05/2021

Operator Certification #:

OR

Small Groundwater System