

1971 673 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 2/21 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	.2	
2			.2	
3			.2	
4			.3	
5			.3	
6			.3	
7			.2	
8			.2	
9			.2	
10			.2	
11			.2	
12			.3	
13			.3	
14			.3	
15			.2	
16			.2	
17			.2	
18			.2	
19			.2	
20			.2	
21			.2	
22			.2	
23			.3	
24			.2	
25			.2	
26			.2	
27			.2	
28			.2	
29			.2	
30				
31				

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 G Brenden Phone #: (541) 866-2711  
Date: 03/03/21

Operator Certification #: \_\_\_\_\_  
OR  
Small Groundwater System