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

System Name WECD/WOLF Creek PWS ID# 41 93482
Month/Year 9, 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 | | | .4 | |
| 5 | | | .4 | |
| 6 | | | .4 | |
| 7 | | | .2 | |
| 8 | | | .2 | |
| 9 | | | .2 | |
| 10 | | | .2 | |
| 11 | | | .2 | |
| 12 | | | .2 | |
| 13 | | | .2 | |
| 14 | | | .4 | |
| 15 | | | .4 | |
| 16 | | | .4 | |
| 17 | | | .4 | |
| 18 | | | .2 | |
| 19 | | | .2 | |
| 20 | | | .2 | |
| 21 | | | .2 | |
| 22 | | | .2 | |
| 23 | | | .2 | |
| 24 | | | .2 | |
| 25 | | | .2 | |
| 26 | | | .2 | |
| 27 | | | .2 | |
| 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 #: (541) 866-2711
Date: 10/08/21

Operator Certification #: _____
OR
Small Groundwater System