

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

System Name  PWS ID# 41-94011
Month/Year 1 / 2025 Entry Point: A Required Minimum Residual .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:22	Building 15	1.4	SLE
2	10:30	" "	1.4	SLE + 1 BAG
3	2:30	" "	1.3	SLE
4	12:30	" "	1.3	SLE + 1 bag
5	12:15	" "	1.3	SLE
6	4:30	" "	1.3	SLE 1/2 Bag
7	2:20	" "	1.3	SLE 1/2 bag
8	4:15	" "	1.4	SLE
9	4:45	" "	1.35	SLE 1/3 bag
10	3:00	" "	1.4	SLE 1 BAG
11	1:00	" "	1.4	SLE
12	10:00	" "	1.4	SLE
13	2:00	" "	1.4	SLE 1 Bag
14	2:15	" "	1.4	SLE
15	2:00	" "	1.4	SLE 1 Bag
16	12:00	" "	1.4	SLE
17	8:00	" "	1.4	SLE 1 Bag
18	4:30	" "	1.4	SLE
19	1:30	" "	1.4	SLE
20	3:30	" "	1.4	SLE
21	4:00	" "	1.4	SLE 1 Bag
22	4:30	" "	1.3	SLE 1/2 Bag
23	3:30	" "	1.3	SLE
24	6:30	" "	1.4	SLE 1/2 Bag
25	2:00	" "	1.5	SLE 1/2 Bag
26	3:30	" "	1.4	SLE 1/2 BAG
27	1:45	" "	1.0	SLE
28	11:08	" "	1.4	SLE
29	3:00	" "	1.4	SLE
30	2:15	" "	1.4	SLE 1/2 Bag
31	10:50	" "	1.4	SLE

tank 900
fill

All tank
120MP

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.

GWS Serving 3,300 or Fewer 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: SHARON FRANTZ Title: MONITOR Operator Certification #:
 Signature: Sharon Frantz Phone #: () OR
 Date: 2/4/2025 503 354 7591 Small Groundwater System ☒

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019