

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

System Name <span style="border: 1px solid black; padding: 2px;">2</span> 12025 Entry Point: <u>A</u>			PWS ID# 41 94011 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	3:30	Building 15	1.4	SLF 1/2 bag
2	3:45	" "	1.5	SLF
3	4:00	" "	1.4	SLF 1/2 bag
4	4:15	" "	1.5	SLF
5	4:30	" "	1.4	SLF 1/2 bag
6	4:45	" "	1.4	SLF
7	5:00	" "	1.4	SLF 1/2 bag
8	5:15	" "	1.4	SLF 1/2 bag
9	5:30	" "	1.4	SLF
10	5:45	" "	1.4	SLF
11	6:00	" "	1.4	SLF 1 BAG
12	6:15	" "	1.4	SLF 1/2 bag
13	6:30	" "	1.4	SLF 1/2 bag
14	6:45	" "	1.4	SLF
15	7:00	" "	1.4	SLF
16	7:15	" "	1.4	SLF 1 BAG
17	7:30	" "	1.4	SLF 1/2
18	7:45	" "	1.4	SLF 1 bag
19	8:00	" "	1.4	SLF
20	8:15	" "	1.3	SLF
21	8:30	" "	1.4	SLF
22	8:45	" "	1.4	SLF 1/2 bag
23	9:00	" "	1.4	SLF 1/2 bag
24	9:15	" "	1.4	SLF
25	9:30	" "	1.4	SLF 1 bag
26	9:45	" "	1.4	SLF
27	10:00	" "	1.4	SLF 1/2 bag
28	10:15	" "	1.4	SLF 1/2 bag
29				
30				
31				

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? ☐ 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 as required? ☐ 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: <u>SHARON FRANTZ</u>	Title: <u>MONITOR</u>	Operator Certification #: <u>OR</u>
Signature: <u>[Signature]</u>	Phone #: <u>(503) 354-7591</u>	Small Groundwater System <input checked="" type="checkbox"/>
Date: <u>3/3/25</u>		

Return by 10<sup>th</sup> of following month by either email [dwpm.dnce@state.or.us](mailto:dwpm.dnce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.