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

Date Time Source(s) in use Lowest free chlorine residual at entry point to distribution system (mg/L) 1 4105 BAUAINA 15 2 4115 3 7120 4 2150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		System Month/				ws ID# 41 94011 quired Minimum Residual 2 mg/L			
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Attach grab sample results and submit them with this form. Printed Name: Sharon Front Title: Maniform Operator Certification #:				and submit them with					
Printed Name: Sharon Front Title: Monitor Signature: Maion Munch Phone #: (503) 354 759/ Date: 6 03 2025 Operator Certification #: Small Groundwater System X		แมร เปร	11.				Service.		
Signature: Marine: Marine: Morarty Phone #: (503) 354 759/ Date: 6 / 03 / 2025 Operator Certification #: Signature: Morarty Phone #: (503) 354 759/ Small Groundwater System 12/		Deleter	10mm 5h	arm France	<u></u>	marnit- a		0 - 4:64: 4	
Signature: #\frac{\text{Maion(Maioth}}{\text{Date: 6 03 2025}} Phone #: (503) 354 759 OR Small Groundwater System X'		Operator Certification #:							
Date: 6/03/2025 Small Groundwater System 12		Signatur	e: Ma	con marci	Pho	one #: (503) 354 759	/	OR	
		Date:	61031	2025					

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.