

Jan 21

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

EMAiled

System Name		Wayside Market	PWS ID# 41 94531	
Month/Year		Jan/21	Entry Point: EP-A, Entry Point for Well	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	12:00	KITCHEN	.3	
2	2:35	KITCHEN	.3	
3	12:30	KITCHEN	.3	
4	2:00	KITCHEN	.3	
5	11:00	KITCHEN	.3	
6	11:10	KITCHEN	.3	ADDED WATER & BLEACH
7	1:00	KITCHEN	.3	
8	3:00	KITCHEN	.3	
9	11:50	KITCHEN	.3	
10	2:20	KITCHEN	.3	
11	12:00	KITCHEN	.3	
12	11:20	KITCHEN	.25	
13	11:30	KITCHEN	.3	
14	12:00	KITCHEN	.3	
15	11:15	KITCHEN	.3	
16	1:00	KITCHEN	.3	
17	2:20	KITCHEN	.3	
18	1:00	KITCHEN	.3	
19	12:50	KITCHEN	.3	
20	1:45	KITCHEN	.3	ADDED BLEACH
21	12:45	KITCHEN	.3	
22	1:15	KITCHEN	.3	
23	1:00	KITCHEN	.3	
24	11:00	KITCHEN	.3	
25	11:15	KITCHEN	.3	
26	12:00	KITCHEN	.3	
27	2:20	KITCHEN	.3	
28	2:00	KITCHEN	.25	ADDED BLEACH
29	12:30	KITCHEN	.3	
30	12:45	KITCHEN	.3	
31	1:00	KITCHEN	.3	

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

<b>GWS Serving 3,300 or Fewer</b> If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach these results and submit them with this form.	<b>GWS Serving More Than 3,300</b> 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? <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: Jeff Shoney Signature: Date: 1/8/2021	Title: manager Phone #: (541) 985-4668	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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