

April 21

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

System Name **Wayside Market** PWS ID# **41 94531**
 Month/Year **Apr 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	10:30	Kitchen	.13	
2	2:15	" "	.14	
3	11:30	" "	.13	
4	8:00	Kitchen	.3	
5	9:13	" "	.13	added water & Bleach
6	8:15	" "	.3	
7	9:00	" "	.3	
8	8:31	" "	.13	
9	9:00	" "	.13	
10	6:30	" "	.13	
11	8:30	" "	.3	
12	9:00	" "	.13	
13	7:00	" "	.13	Added Bleach
14	12:12	" "	.14	
15	7:15	" "	.13	
16	9:30	" "	.3	
17	10:17	" "	.13	
18	8:20	" "	.13	
19	6:45	" "	.13	
20	2:18	" "	.13	
21	7:00	" "	.13	added water/ Bleach
22	11:00	" "	.14	
23	7:45	" "	.13	
24	8:40	" "	.25	
25	8:38	" "	.3	added Bleach
26	8:00	KITCHEN	.3	
27	11:15	KITCHEN	.3	
28	1:00	KITCHEN	.3	
29	7:40	KITCHEN	.3	
30	9:00	KITCHEN	.3	
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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

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Jeff Shoney Title: manager Operator Certification #: _____
 Signature: [Signature] Phone #: (511) 938-4665 OR _____
 Date: 5/4/2021 Small Groundwater System