

Emailed 6/7/22

MAY 22

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

System Name **Wayside Market** PWS ID# **41 94531**
Month/Year **5 122** 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		Kitchen		
2	8:00	" "	.3	
3	7:15	" "	.3	
4	8:00	Back Bathroom	.3	add Bleach water
5	9:00	Kitchen	.3	
6	7:40	" "	.3	
7	6:11	" "	.3	
8	6:50	Bathroom	.3	
9	9:00	" "	.3	
10	7:15	" "	.3	
11	7:01	Bathroom	.3	
12	6:15	Kitchen	.3	add Water & Bleach
13	7:00	" "	.3	
14	8:30	" "	.3	
15	9:15	" "	.3	
16	6:00	Kitchen	.3	
17	7:15	" "	.3	
18	7:00	" "	.3	
19	8:10	" "	.3	add Bleach & water
20	6:00	" "	.3	
21	5:45	" "	.3	
22	7:35	" "	.3	
23	7:15	" "	.3	
24	6:15	" "	.3	
25	7:00	" "	.3	
26	8:00	" "	.3	
27	7:15	" "	.3	
28	8:20	" "	.3	
29	8:55	" "	.3	
30	9:00	" "	.3	add water & Bleach
31	7:00	" "	.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

GWS Serving 3,300 or Fewer 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.	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? <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 Sworen** Title: **MANAGER** Operator Certification #: _____
Signature: _____ Phone #: **(341) 938-4665** OR _____
Date: **6-7-22** Small Groundwater System ☐