

July 2022

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

Kimble &

8/2/22

System Name Wayside Market

PWS ID# 41 94531

Month/Year 07 / 2022

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	6:00	Kitchen	0.3	
2	5:30	" "	0.3	
3	9:10	" "	0.3	
4	7:15	" "	0.3	
5	8:00	Bathroom	0.3	
6	6:00	Kitchen	0.3	
7	9:20	" "	0.3	
8	7:00	" "	0.3	Added Bleach & water
9	6:40	" "	0.3	
10	8:05	" "	0.3	
11	7:00	" "	0.3	
12	6:15	" "	0.3	
13	8:00	" "	0.3	
14	6:05	" "	0.3	
15	8:30	" "	0.3	
16	7:45	" "	0.3	
17	5:50	" "	0.3	Added Bleach & water
18	10:15	" "	0.3	
19	11:10	" "	0.4	
20	7:45	" "	0.3	
21	11:00	" "	0.4	
22	11:30	" "	0.4	
23	10:16	" "	0.3	
24	9:30	" "	0.3	
25	6:11	" "	0.3	
26	7:15	" "	0.3	added Bleach & water
27	6:00	" "	0.3	
28	7:20	" "	0.3	
29	8:15	" "	0.3	
30	5:35	" "	0.3	
31	6:40	" "	0.3	

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

<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: <u>J. Johnson</u> Signature: <u>[Signature]</u> Date: <u>8/2/22</u>	Title: <u>Manager</u> Phone #: <u>(541) 938-4668</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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