

Sept 22

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

System Name **Wayside Market**

PWS ID# 41 94531

Month/Year **Sept 22** 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	8:15	Kitchen	.3	added water & Bleach
2	7:30	u u	.3	
3	6:20	u u	.3	
4	6:00	u u	.3	
5	12:21	u u	.3	
6	12:08	u u	.3	
7	9:20	u u	.3	
8	5:15	u u	.3	
9	7:00	u u	.3	added water & Bleach
10	8:10	u u	.3	
11	9:15	u u	.3	
12	6:15	u u	.3	
13	7:00	u u	.3	
14	8:45	u u	.3	
15	7:00	u u	.3	
16	9:15	u u	.3	
17	6:13	u u	.3	
18	8:35	u u	.3	
19	6:40	u u	.3	added water & Bleach
20	7:53	u u	.3	
21	9:00	u u	.3	
22	11:30	u u	.3	
23	5:50	u u	.3	
24	8:07	u u	.3	
25	6:40	u u	.3	
26	6:15	u u	.3	
27	6:45	u u	.3	
28	9:20	u u	.3	
29	7:37	u u	.3	
30	1:05	u u	.3	
31				

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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **Jeff Shoney** Title: **Manager**
Signature: _____ Phone #: **(541) 938-4665**
Date: **10/4/22**

Operator Certification #: _____
OR
Small Groundwater System