

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

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **Dec 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	6:30	K Helen	3	
2	8:30	" "	3	added Bleach du water
3	10:15	" "	3	
4	6:00	" "	3	
5	5:45	" "	3	
6	9:20	" "	3	
7	7:10	" "	3	
8	6:30	" "	3	
9	7:05	" "	3	
10	5:30	" "	3	
11	8:15	" "	3	Added water & Bleach
12	6:45	" "	3	
13	8:55	" "	3	
14	7:00	" "	3	
15	9:16	" "	3	
16	1:12	" "	3	
17	7:15	" "	3	
18	8:00	" "	3	
19	2:00	" "	3	
20	6:00	" "	3	
21	9:15	" "	3	
22	7:15	" "	3	
23	6:00	" "	3	added Bleach water
24	9:15	" "	3	
25	6:00	" "	3	
26	7:20	" "	3	
27	10:00	" "	3	
28	6:00	" "	3	
29	7:15	" "	3	
30	8:00	" "	3	
31	9:40	" "	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?
 Yes 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? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: **Chad Fisher**

Title: **Asst Manager**

Operator Certification #:

Signature: *Chad Fisher*

Phone #: **541-933-4668**

OR

Date: **01-05-2023**

Small Groundwater System