

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

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **01 12023** 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	9:00	Kitchen	1.3	
2	7:15	" "	1.3	
3	8:00	" "	1.3	add water & Bleach
4	7:15	" "	1.3	
5	8:00	" "	1.3	
6	7:00	" "	1.3	
7	8:00	" "	1.3	
8	6:30	" "	1.3	
9	6:05	" "	1.3	
10	9:15	" "	1.3	
11	6:25	" "	1.3	
12	5:45	" "	1.3	
13	7:20	" "	1.3	
14	8:10	" "	1.3	add water & Bleach
15	12:55	" "	1.3	
16	10:30	" "	1.3	
17	7:30	" "	1.3	
18	8:15	" "	1.3	
19	7:15	" "	1.3	
20	6:30	" "	1.3	
21	9:20	" "	1.3	
22	7:15	" "	1.3	
23	6:30	" "	1.3	add water & Bleach
24	9:15	" "	1.3	
25	11:20	" "	1.3	
26	6:45	" "	1.3	
27	7:15	" "	1.3	
28	7:00	" "	1.3	
29	7:00	" "	1.3	
30	7:47a	" "	1.3	
31	8:00	" "	1.3	

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 those 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:

Signature: *Chad L. Johnson*

Date: *1-31-2023*

Title: *Asst Manager*

Phone #: *651.198-4668*

Operator Certification #:

OR

Small Groundwater System