

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

*Emailed  
3/1/24*

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **Feb 2024** 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	7:30	Kitchen	.3	
2	5:45	Kitchen	.3	
3	5:00	"	.3	added water & bleach
4	9:25	" "	.3	
5	6:00	" "	.3	
6	5:25	" "	.3	
7	5:42	" "	.3	
8	6:00	" "	.3	
9	6:00	" "	.3	
10	7:15	" "	.3	added water & bleach
11	9:00	" "	.3	
12	6:50	" "	.3	
13	6:15	" "	.3	
14	9:25	" "	.3	
15	8:15	" "	.3	
16	9:56	" "	.3	added water & bleach
17	9:00	" "	.3	
18	8:50	" "	.3	
19	6:40	" "	.3	
20	5:10	" "	.3	
21	6:15	" "	.3	
22	7:45	" "	.3	
23	5:50	" "	.3	
24	4:20	" "	.3	added water & bleach
25	7:30	" "	.3	
26	6:50	" "	.3	
27	6:35	" "	.3	
28	6:05	" "	.3	
29	7:05	" "	.3	
30				
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

**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: Jeff Shoren  
 Signature: [Signature]  
 Date: 3-1-24

Title: MANAGER  
 Phone #: (541) 838-4668

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System