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

System Name: Wayside Market — PWS ID#: 41 94531

Month/Year: 10 / 24 — 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	RB .3		
2	7:00	" "	.3		
3	8:15	" "	.3		
4	11:35	" "	.3		
5	9:15	" "	.3		added water & Bleach
6	2:30	" "	.3		
7	7:20	" "	.3		
8	6:00	" "	.3		
9	9:30	" "	.3		added water Bleach
10	9:15	" "	.3		
11	9:30	" "	.3		
12	7:15	" "	.3		
13	10 AM	" "	.3		added water & Bleach
14	7:15	" "	.3		
15	6:00	" "	.3		
16	9:15	" "	.3		
17	7:15	" "	.3		
18	2:30	" "	.3		added water & Bleach
19	5:15	" "	.3		
20	7:00	" "	.3		
21	8:30	" "	.3		
22	6:15	" "	.3		
23	7:30	" "	.3		added water & Bleach
24	8:30	" "	.3		
25	7:15	" "	.3		
26	6:30	" "	.3		
27	6	" "	.3		
28	6	" "	.3		
29	9:30	" "	.3		added water & Bleach
30	6:45	" "	.3		
31	9 am	" "	.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

Signature: Chad Fisher — Phone #: (541) 938 4663

Date: 12-2-2024

Operator Certification #: OR

Small Groundwater System ☐