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

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

Month/Year: 11 / 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	12p	Kitchen sink	.3		added water + Bleach
2	6am	" "	.3		added water
3	11 am	" "	.3		added water
4	6 am	" "	.3		added water
5	7 am	kitchen sink	.3		added bleach water
6	5:30	" "	.3		
7	6:15	" "	.3		
8	7AM	" "	.3		
9	8:15	" "	.3		
10	9:00	" "	.3		added water + Bleach
11	7:15	" "	.3		
12	7:30	" "			
13	6:15	" "	.3		
14	7:30	" "	.3		
15	9:30	" "	.3		added water+bleach
16	7:15	" "	.3		
17	9:00	" "	.3		
18	6:00	" "	.3		
19	6:50	" "	.3		
20	6:30p	" "	.3		
21	6pm	" "	.3		added Bleach + water
22	6:15 pm	" "	.3		
23	9 am	" "	.3		
24	12	" "	.3		
25	6:30pm	" "	.3		
26	3p	" "	.3		
27	7 am	" "	.3		added Bleach + water
28	~~5:50~~ 6	" "	.3		
29	5:50 pm	" "	.3		
30	6:15	" "	.3		
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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: Chad Fisher — Title: Asst Manager

Signature: [signature] — Phone #: (541) 938-4663

Date: 12/02/2024

Operator Certification #: OR

Small Groundwater System ☐