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

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

Month/Year: 12 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	8:15	" "	.3		
2	7:00	" "	.3		
3	4:20	" "	.3		
4	6:15	" "	.3		added water & Bleach
5	9:20	" "	.3		
6	7:15	" "	.3		
7	6:15	" "	.3		
8	8:30	" "	.3		
9	7:15	" "	.3		
10	3pm	" "	.3		added water & Bleach
11	6:45	" "	.3		
12	4:20		.3		
13	3	" "	.3		added water + Bleach
14	9pm	" "	.3		
15	3am	" "	.3		
16	4pm	" "	.3		
17	3pm	" "	.3		
18	9pm	" "	.3		
19	3pm	" "	.3		
20	3PM	" "	.3		added water + Bleach
21	1PM	" "	.3		
22	11:00	" "	.3		
23	12	" "	.3		added water + Bleach
24	11	" "	.3		
25	10am	" "	.3		
26	5pm	" "	.3		
27	7:30	" "	.3		added water + Bleach
28	7:00	" "	.3		
29	1:00	" "	.3		
30	3pm	" "	.3		added bleach
31	6am	" "	.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: Chad Fisher — Title: Asst Manager

Signature: Chad Fisher — Phone #: (541) 338-4688

Date: / /

Operator Certification #: OR

Small Groundwater System ☐