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

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

Month/Year: 02 / 25 — 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	7am	kitchen sink	.3		added water & bleach
2	12 pm	" "	.3		
3	11 am	" "	.3		added water & bleach
4	12p	" "	.3		
5	7p	" "	.3		
6	12p	" "	.3		
7	3p	" "	.3		
8	5pm	" "	.3		added water + Bleach
9	7am	" "	.3		
10	7am	" "	.3		
11	12p	" "	.3		
12	12p	" "	.3		
13	1pm	" "	.3		added water + Bleach
14	7am	" "	.3		
15	9pm	" "	.3		
16	10am	" "	.3		
17	3pm	" "	.3		
18	2pm	" "	.3		
19	7pm	" "	.3		added bleach + water
20	6pm	" "	.3		
21	1:30	" "	.3		
22	8:15	" "	.3		
23	12:00 PM	" "	.3		
24	6:00	" "	.3		
25	6:50	" "	.3		
26	7:30	" "	.3		added water & Bleach
27	9am	" "	.3		
28	9:30	" "	.3		
29					
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 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 Risher

Signature: Chad Risher

Date: 3/31/25

Title: Asst Manager

Phone #: (541) 938-4668

Operator Certification #:

OR

Small Groundwater System ☐