

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

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **3/1/05**

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	6:00	Kitchen	1.3	
2	7:15	"	1.3	
3	9:12	"	1.3	added Bleach + water
4	7 am	"	1.3	
5	2 pm	"	1.3	
6	8 pm	"	1.3	
7	11 am	"	1.3	added Bleach + water
8	9 am	"	1.3	
9	2 pm	"	1.3	
10	11 am	"	1.3	
11	3 pm	"	1.3	
12	6 am	"	1.3	added water + Bleach
13	7:00	"	1.3	
14	12	"	1.3	
15	3	"	1.3	
16	7 am	"	1.3	added water + Bleach
17	1 pm	"	1.3	
18	4 p	"	1.3	added water + Bleach
19	7 am	"	1.3	
20	11:00	"	1.3	
21	2 p	"	1.3	
22	5 pm	"	1.3	
23	3:00 pm	Kitchen sink	1.3	
24	7 pm	"	1.3	added water + Bleach
25	12:30	"	1.3	
26	8	"	1.3	added water + Bleach
27	4:00	"	1.3	
28	6	"	1.3	
29	8	"	1.3	
30	10:30	"	1.3	
31	2 am	"	1.3	added water + Bleach

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

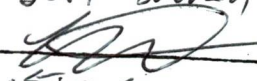
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: **Jeff Shoney**

Signature: 

Date: **4/1/05**

Title: **Manager**

Phone #: ()

Operator Certification #:

OR

Small Groundwater System ☐