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

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

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

Signature: _____ — Phone #: ( )

Date: 4/15/25

Operator Certification #: OR

Small Groundwater System ☐