emailed 5/1/25

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

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

Month/Year: 4/25 — 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	11 AM	Kitchen	.3		
2	12 PM	"	.3		added bleach/water
3	5 am	"	.3		
4	"	"	.3		
5	7 am	"	.3		added Bleach + water
6	9 am	" "	.3		
7	12 P	" "	.3		
8	~~11 Pm~~	" "	.3		
9	4 Pm	" "	.3		added Bleach & water
10	4	" "	.3		
11	6 30 p	" "	.3		
12	7 am	" "	.3		
13	12 p	" "	.3		added Bleach + wat
14	7 am	" "	.3		
15	12 30 p	" "	.3		added Bleach + water
16	7 15	" "	.3		
17	930	" "	.3		
18	10:45 AM	"	.3		
19	7 am	"	.3		
20	11 am	"	.3		added water + Bleach
21	10 am	"	.3		
22	12	" "	.3		
23	5 pm	" "	.3		
24	10 30	" "	.3		
25	7 am	" "	.3		added water + Bleach
26	11 30	" "	.3		
27	12 pm	" "	.3		
28	7 pm	" "	.3		added water + Bleach
29	6 pm	" "	.3		
30	6 pm	" "	.3		added Bleach + wat
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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: Jeff Shoney — Title: manager

Signature: [signature] — Phone #: (541) 938-4668

Date: 5/1/25

Operator Certification #: ____ OR

Small Groundwater System ☐