

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

Entered
6/16/25

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **5 1 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	7:30 p	Kitchen Sink	.3	
2	8:45	" "	.3	
3	9:45	" "	.3	
4	1 p m	" "	.3	
5	7 a m	" "	.3	added water + Bleach
6	6:20	" "	.3	
7	7 a m	" "	.3	
8	10 a m	" "	.3	
9	2:00 p	" "	.3	
10	11:35 A	" "	.3	
11	2:00 PM	" "	.3	
12	11 a m	" "	.3	added water + bleach
13	7 a m	" "	.3	
14	11 a m	" "	.3	
15	4:30	" "	.3	added water + Bleach
16	9:25 a	" "	.3	
17	11:10 a	" "	.3	
18	?	" "	.3	
19	8:15	" "	.3	added water + Bleach
20	11	" "	.3	
21	8 a m	" "	.3	
22	11:00	" "	.3	
23	10:00	" "	.3	added water & Bleach
24	7:40	" "	.3	
25	9 a m	" "	.3	
26	6:10 a	" "	.3	
27	7:30 a	" "	.3	
28	9:10 a	" "	.3	
29	8:15 a	" "	.3	
30	5:45 a	" "	.3	
31	4:45 A	" "	.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 these 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

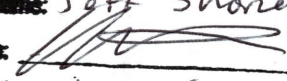
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: **Jeff Shoren**

Signature: 

Date: **6/16/25**

Title: **Manager**

Phone #: **(541) 938-4668**

Operator Certification #: _____

OR

Small Groundwater System ☐