Emailed 6/16/25

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

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

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

Signature: _____ — Phone #: (541) 938-4668

Date: 6/16/25

Operator Certification #: OR

Small Groundwater System ☐