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

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

Month/Year: 6 / 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 Sink	.3		
2	4 pm	" "	.3		
3	5:00	" "	.3		
4	7:00	" "	.3		
5	11:00	" "	.3		
6	3 pm	" "	.3		
7	6 Am	" "	.3		
8	1 pm	" "	.3		
9	5 pm	" "	.3		added water + Bleach
10	6:00A	" "	.3		
11	6:00A	" "	.3		
12	630	" "	.3		
13	5:50	" "	.3		added water + Bleach
14	10:00	" "	.3		
15	4:50	" "	.3		
16	11:29	" "	.3		
17	6:54a	" "	.3		
18	8:35a	" "	.3		
19	6:45	" "	.3		
20	4:30a	" "	.3		
21	6:00AM	" "	.3		added water & Bleach
22	10:00AM	" "	.3		
23	5:30 a	" "	.3		
24	7:45a	" "	.3		
25	9:10a	" "	.3		
26	5:00a	" "	.3		
27	5:00a	" "	.3		
28	9:00a	" "	.3		
29	10:00a	" "	.3		added water & Bleach
30	5:00a	" "	.3		
31					

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 Shonrock — Title: MANAGER

Signature: _____ — Phone #: 541 938-3668

Date: 7-1-25

Operator Certification #: OR

Small Groundwater System ☐