

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

System Name **Wayside Market**

PWS ID# **41 94531**

Month/Year **6 125** 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	8:00	" "	.3	
4	7:00	" "	.3	
5	11:00	" "	.3	
6	3 pm	" "	.3	
7	6 pm	" "	.3	
8	1 pm	" "	.3	
9	5 pm	" "	.3	added water + Bleach
10	6:00 A	" "	.3	
11	6:00 A	" "	.3	
12	6:30	" "	.3	
13	5:30	" "	.3	added water + Bleach
14	10:00	" "	.3	
15	4:50	" "	.3	
16	11:29	" "	.3	
17	6:54 a	" "	.3	
18	8:35 a	" "	.3	
19	6:45	" "	.3	
20	4:30 a	" "	.3	
21	8:00 AM	" "	.3	added water & Bleach
22	1:00 AM	" "	.3	
23	5:30 a	" "	.3	
24	7:45 a	" "	.3	
25	9:10 a	" "	.3	
26	5:00 a	" "	.3	
27	9:00 a	" "	.3	
28	9:00 a	" "	.3	
29	10:00 a	" "	.3	added water & Bleach
30	5:00 a	" "	.3	
31			.3	

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

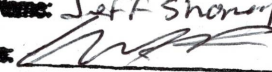
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: **Jeff Shoney**

Signature: 

Date: **7-1-125**

Title: **MAWA 942**

Phone #: **541.938-4668**

Operator Certification #:

OR

Small Groundwater System ☐