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

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

Month/Year: 07 / 2025 — 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	4:30 a	kitchen "	.3		
2	5:00 a	" "	.3		
3	5:00 a	" "	.3		
4	6:45	" "	.3		
5	8	" "	.3		added water & Bleach
6	12	" "	.3		
7	9:16	" "	.3		
8	7:30	" "	.3		
9	12	" "	.3		
10	1130	" "	.3		
11	9	" "	.3		added water + Bleach
12	6 30	" "	.3		
13	8:40	" "	.3		
14	12	" "	.3		added Bleach + water
15	5:10	" "	.3		
16	5:30 a	" "	.3		
17	5:00 a	" "	.3		
18	5:10	" "	.3		added Bleach & water
19	5:10	" "	.3		
20	5:30	" "	.3		
21	4:45	" "	.3		
22	4:45	" "	.3		
23	5:30	" "	.3		added Bleach & water
24	4:45	" "	.3		
25	4:50	" "	.3		
26	7:15	" "	.3		added water & Bleach
27	8:30	" "	.3		
28	8:45	" "	.3		
29	10:02	" "	.3		
30	05:00	" "	.3		added water & Bleach
31	05:00	" "	.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 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: Chad Fisher

Signature: Chad Fisher

Date: 7 / 31 / 2025

Title: Asst. Manager

Phone #: (541) 935-4665

Operator Certification #: OR

Small Groundwater System ☐