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

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

Month/Year: 08 / 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	5:10	Kitchen Sink	.3		
2	7:31	" "	.3		
3	8:30	" "	.3		
4	6:25	" "	.3		
5	6:45	" "	.3		
6	7:20	" "	.3		
7	5:10	" "	.3		
8	5:00	" "	.3		
9	5:20	" "	.3		added Bleach & water
10	9:00	" "	.3		
11	5:40	" "	.3		
12	8:16	" "	.3		
13	7:37	" "	.3		
14	6:00	" "	.3		
15	5:38	" "	.3		
16	5:42	" "	.3		
17	10:28	" "	.3		
18	6:15	" "	.3		
19	5:10	" "	.3		added Bleach & water
20	6:10	" "	.3		
21	8:30	" "	.3		added Bleach & water
22	5:30	" "	.3		
23	8:16	" "	.3		
24	6:15	" "	.3		
25	7:30	" "	.3		
26	9:00	" "	.3		
27	6:32	" "	.3		
28	8:15	" "	.3		
29	4:28	" "	.3		added Bleach & wa
30	6:30	" "	.3		
31	9:00	" "	.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: Ghedy Fisher — Title: Asst. Manager

Signature: _____ — Phone #: 5419384662

Date: 09/01/25

Operator Certification #: OR

Small Groundwater System ☐