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

Sep 25

System Name: Wayside Market PWS ID#: 4 1 94531

Month/Year: / 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	7:17	Kitchen SINK	.3		
2	6:30	" "	.3		Added bleach to water
3	11:00	" "	.3		
4	8:00	" "	.3		
5	6:45	" "	.3		added water & Bleac
6	6:30	" "	.3		
7	9:15	" "	.3		
8	7:15	" "	.3		addet water & Bla
9	8:30	" "	.3		
10	8:00	" "	.3		
11	6:30	" "	.3		
12	12:30	" "	.3		added water & Blad
13	5:23	" "	.3		
14	6:38	" "	.3		
15	12	" "	.3		
16	8	" "	.3		added water & Blach
17	7:19am	" "	.3		
18	5:45am	" "	.3		
19	7:20	" "	.3		
20	9:30	" "	.3		added wate & Bleach
21	6:20	" "	.3		
22	6:30	" "	.3		
23	9:17	" "	.3		added water & Bleach
24	5:45	" "	.3		
25	5:30	" "	.3		
26	7:15	" "	.3		
27	6:30	" "	.3		added water & Bleach
28	9:15	" "	.3		
29	4:30	" "	.3		
30	9:30	" "	.3		added water & Bleach
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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 Title: Asst. Manager

Signature: Chad Fisher Phone #: 541) 938-4668

Date: / /

Operator Certification #:

OR

Small Groundwater System ☐