Emailed 10/31/25

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

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

Month/Year: 10 / 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	5:00	Kitchen Sink	.3	
2	4:20	" "	.3	
3	4:30	" "	.3	added water + Bleach
4	11 am	" "	.3	
5	7:30	" "	.3	
6	6:00	" "	.3	
7	4:30	" "	.3	added water + Bleach
8	4:50	" "	.3	
9	4:30	" "	.3	
10	1 pm	" "	.3	
11	4 pm	" "	.3	added water + Bleach
12	6:00	" "	.3	
13	4:40 a	" "	.3	
14	9:05	" "	.3	
15	4:40	" "	.3	
16	4:40	" "	.3	added bleach & water
17	3 pm	" "	.3	
18	5 pm	" "	.3	
19	10 am	" "	.3	added Bleach + Water
20	2:30	" "	.3	
21	3:15	" "	.3	
22	4:50	" "	.3	added water + Bleach
23	5:05	" "	.3	
24	3 pm	" "	.3	added water + Bleach
25	12 pm	" "	.3	
26	4 am	" "	.3	
27	4:50 a	" "	.3	
28	5:00	" "	.3	added water + Bleach
29	5:15	" "	.3	
30	4:50	" "	.3	
31	5:30	" "	.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: Jeff Shoney — Title: Manager

Signature: _____ — Phone #: (541) 936-4668

Date: 10/31/25

Operator Certification #: OR

Small Groundwater System ☐