Emailed 12/1/25

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

System Name: Wayside Market

PWS ID#: 41 94531

Month/Year: 11 / 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	7:45a	Kitchen Sink	.3		
2	9:30a	"	.3		
3	5:00a	"	.3		
4	7:45a	" "	.3		
5	4:30a	"	.3		Filled water / Bleach
6	6am	" "	.3		
7	2pm	" "	.3		
8	5:00	" "	.3		Filled water + Bleach
9	7:45	" "	.3		
10	4:30	" "	.3		
11	6am	" "	.3		
12	4:45 AM	" "	.3		
13	4:30 a	" "	.3		added bleach & H2O
14	4:30a	" "	.3		
15	4:45 AM	" "	.3		
16	7:00 AM	" "	.3		
17	4:30a	" "	.3		added bleach & H2O
18	5:00 a	" "	.3		
19	4:30a	" "	.3		
20	4:50a	" "	.3		added bleach & water
21	4:40a	" "	.3		
22	4:40A	" "	.3		
23	7:00A	" "	.3		
24	4:45a	" "	.3		
25	5:00a	" "	.3		added Bleach & water
26	05:15	" "	.3		
27	06:15	" "	.3		
28	6:30a	" "	.3		
29	4:30a	" "	.3		
30	7:00am	" "	.3		added Bleach & Water
31					

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 Shorey

Signature:

Date: 12/1/25

Title: MANAGER

Phone #: (541) 935-4668

Operator Certification #:

OR

Small Groundwater System ☐