

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

System Name



PWS ID# 41



Month/Year 12 / 2025 Entry Point:

Required Minimum Residual



mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:00a	kitchen sink	.3	
2	5:00a	" "	.3	
3	5:40a	" "	.3	
4	5:00a	" "	.3	
5	5:40a	" "	.3	added Bleach & water
6	5:30a	" "	.3	
7	07:15p	" "	.3	
8	6:00a	" "	.3	
9	4:50a	" "	.3	added Bleach & water
10	5:20a	" "	.3	
11	5:00a	" "	.3	
12	5:00a	" "	.3	added Bleach & water
13	5:00a	" "	.3	
14	4:00a	" "	.3	
15	5:00a	" "	.3	
16	4:30a	" "	.3	
17	5:30a	" "	.3	added Bleach & Water
18	6:15a	" "	.3	
19	5:30a	" "	.3	
20	5:00a	" "	.3	added Bleach & water
21	07:15a	" "	.3	
22	2:50p	" "	.3	
23	2:45p	" "	.3	added Bleach & water
24	5:30a	" "	.3	
25	8:00a	" "	.3	
26	7:30a	" "	.3	
27	6:00a	" "	.3	added Bleach & water
28	7:45a	" "	.3	
29	6:00a	" "	.3	
30	5:40a	" "	.3	added Bleach & water
31	6:30	" "	.3	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? ☐ Yes ☒ No
 If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ 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 as required? ☐ 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

Operator Certification #:

Signature: [Signature]

Phone #: (5) _____

OR

Date: 111 / 26

541-938-4668

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019