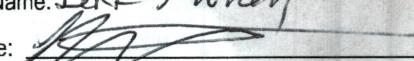


State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems

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	5:40a	" "	.3	
7	07:15a	" "	.3	
8	6:00a	" "	.3	
9	7:00a	" "	.3	added Bleach & water
10	5:20a	" "	.3	
11	5:00a	" "	.3	
12	5:00a	" "	.3	added Bleach & water
13	5:00a	" "	.3	
14	6:00a	" "	.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	3:30a	" "	.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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.				
<b>GWS Serving 3,300 or Fewer</b>		<b>GWS Serving More Than 3,300</b>		
If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date it was returned to service: / /
		Attach grab sample results and submit them with this form.		
Printed Name: Jeff Stronger		Title: Manager		Operator Certification #:
Signature: 		Phone #: (503) 541-9384/6668		OR
Date: 11/12/26		Small Groundwater System <input type="checkbox"/>		

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto: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