

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

Emailed 2/2/26

System Name PWS ID# 41
 Month/Year *02 126* 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	1:00pm	Kitchen Sink	.3	
2	4:50a	" "	.3	
3	5:20	" "	.3	
4	5:25a	" "	.3	added Bleach & water
5	5:00AM	" "	.3	
6	5:40AM	" "	.3	added Bleach & water
7	6AM	" "	.3	
8	9AM	" "	.3	
9	5:00a	" "	.3	
10	5:00 ~	" "	.3	
11	5:30 ~	" "	.3	added Bleach & water
12	7am	" "	.3	
13	6am	" "	.3	
14	6:00a	" "	.3	
15	10:00AM	" "	.3	added Bleach & water
16	7:00	" "	.3	
17	6:45	" "	.3	
18	7:15	" "	.3	
19	6:30	" "	.3	
20	5:30	" "	.3	added Bleach & water
21	6:00AM	" "	.3	
22	8:30AM	" "	.3	
23	7:00	" "	.3	
24	6:00	" "	.3	
25	7:30	" "	.3	added Bleach & water
26	5:00	" "	.3	
27	6:10	" "	.3	
28	7:05	" "	.3	
29	8:39AM	" "	.3	
30				
31				

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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: *Jeff Sworey* Title: *MANAGER* Operator Certification #: _____
 Signature: *[Signature]* Phone #: *(541) 938-4668* OR
 Date: *3/2/2026* 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.