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

| System Name Month/Year 02/01/25 Entry Point: Hose at Pool House Required Minimum Residual 1.0 mg/L | | | | | | | |
|---|---------|------------------|--|--|------|--|--|
| Date | Time | Source(s) in use | | Lowest free chlorine residual at entry point to distribution system (mg/L) | | Notes | |
| 1 | 9.25am | AA | | 1.2 | | | |
| 2 | 1.30pm | AA | | 1.2 | | | |
| 3 | 10.25am | AA | | 1.2 | | | |
| 4 | 9.50am | AA | | 1.2 | | | |
| 5 | 10am | AA | | 1.2 | | | |
| 6 | 9.25am | AA | 1 1/6 | 1.2 | | | |
| 7 | 11.30am | AA | | 1.2 | | | |
| 8 | 9.10am | AA | | 1.2 | 28.1 | | |
| 9 | 12.15pm | AA | | 1.2 | | | |
| 10 | 11.50am | AA | | 1.2 | | | |
| 11 | 10am | AA | | 1.2 | | | |
| 12 | 9.25am | AA | | 1.2 | | | |
| 13 | 10.20am | AA | | 1.2 | | | |
| 14 | 9.42am | AA | 141 | 1.2 | | \ | |
| 15 | 10am | AA | | 1.2 | , A | The state of the s | |
| 16 | 9.45am | AA | | 1.2 | | | |
| 17 | 9am | AA | | 1.2 | | 4 | |
| 18 | 9.15am | AA | | 1.2 | | | |
| 19 | 10.40am | AA | | 1.2 | | | |
| 20 | 10am | AA | | 1.2 | | | |
| 21 | 9.45am | AA | | 1.2 | | | |
| 22 | 9am | AA | | 1.2 | | | |
| 23 | 9.15am | AA | | 1.2 | | | |
| 24 | 3.30pm | AA | | 1.2 | 18 | | |
| 25 | 9.25AM | AA | | 1.2 | | | |
| 26 | 10AM | AA | | 1.2 | | | |
| 27 | 9.25AM | AA | | 1.2 | | | |
| 28 | 9.15AM | AA | | 1.2 | | | |
| 29 | | AA | | | | | |
| 30 | | AA | | | | | |
| 31 | | AA | | | | | |
| 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 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: TARLOCHAN SINGH Title: GM Operator | | | | | | or Certification #: | |
| Signatur | | 411 | | Phone #: (5418493335) | | OR | |
| Date: 02 / 28 / 2025 Small Groundwater System ✓ | | | | | | | |
| 0 Sinali Glouriuwater System 🔀 | | | | | | | |

December 19, 2012