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

Month/ Date	Time	/01/25 Entry Po Source(s) i		Lowest free chlorine residual at entry point to distribution system (mg/L)		Residual 1.0 mg/L  Notes
1	11.30am	AA		1.2		
2	9am	AA	PEN STATE	1.2		
3	9.50am	AA		1.2	•	
4	9.45am	AA		1.2		HE A FIGURE AND AND A
5	9.25am	AA		1.2	2 - 10 Sapart	
6	9.40am	AA		1.2		
7.	9.10am	AA		1.2		
8	9am	AA		1.2	1711100	
9	8.45am	AA		1.2		
10	10.20am	AA	HALLET I	1.2		
11	10am	AA		1.2	411005	
12	9.55am	AA		1.2		,
13	9.35am	AA		1.2		
14	9.15am	AA		1.2		
15	9.20am	AA		1.2		
16	9.35am	AA	References	1.2	out West of the	
17	9am	AA		1.2		
18	9.50am	AA	Southern Trans	1.2		
19	9.05am	AA	F Dresselle	1.2	F 51, 116/0	
20	9am	AA	1.6	1.2		
21	11.50am	AA		1.2		
22	9.15am	AA		1.2		
23	10.40am	AA		1.2		
24	10.40am	AA		1.2		
25	9am	AA		1.2		
26	9.25am	AA		1.2		
27	9.30am	AA		1.2		
28		AA				
	9am 9.25am			1.2		
29	-	AA		1.2	TO A SECTION AS	
30	9.15am	AA		1.2		
31	9.30am			1.2		
If yes,	what was the	sidual ever less than the longest time period unti ext business day.	STREET, STREET			Prinking Water Program to be
GW	S Serving	3,300 or Fewer		GWS Serving Mo	re Than 3	300
If yes, until th	did you monit e residual ret	tor every four hours urned to mg/L	Did continu reporting m	ous monitoring equipment fail at any onth? Yes No		Date continuous monitoring equipment failed:
as required? Yes No  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?  Yes No  Attack and the service and a short the monitoring form.			
			Attach grab	sample results and submit them wit	n this form.	
Printed	Name: TADI	OCHAN SINGH.		Title: GM	Operato	r Certification #:
	1	DAM.	)		Operato	
Signatur	.e:	NUV		Phone #: (5418493335)		OR
Date: 05 / 31 / 2025					Small Groundwater System 🖂	