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

| Date | Time | Source(s) i | n use | Lowest free chlorine residual at entry point to distribution system (mg/L) | 36 | Notes |
|---|--------------------------------|---|--|---|--|---|
| 1 | 9.50am | AA | | 1.2 | | |
| 2 | 8.25am | AA | | 1.2 | | |
| 3 | 9am | AA | | 1.2 | | |
| 4 | 10.20am | AA | | 1.2 | | |
| 5 | 10am | AA | | 1.2 | | |
| 6 | 11.10am | AA | | 1.2 | | |
| 7 | 10.40am | AA | | 1.2 | | |
| 8 | 12pm | AA | | 1.2 | | |
| 9 | 9.25am | AA | | 1.2 | | |
| 10 | 10.20am | AA | A | 1.2 | | |
| 11 | 10.30am | AA | | 1.2 | | |
| 12 | 11.15am | AA | | 1.2 | | |
| 13 | 9.10am | AA | | 1.2 | | |
| 14 | 8.55am | AA | | 1.2 | | |
| 15 | 9.25am | AA | | 1.2 | The state of the s | |
| 16 | 9.30am | AA | | 1.2 | | |
| 17 | 10.25am | AA | | 1.2 | <u> </u> | |
| 18 | 1.15pm | AA | | 1.2 | • | 111 - |
| 19 | 9am | AA | | 1.2 | | |
| 20 | 9.25am | AA | similia de la composición della composición dell | 1.2 | | |
| 21 | 1245pm | AA | | 1.2 | | |
| 22 | 9.45am | AA | | 1.2 | | |
| 23 | 9.45am | AA | | 1.2 | | |
| 24 | 10am | AA | | 1.2 | | |
| 25 | 10am | AA | | 1.2 | | |
| 26 | 10.55am | AA | | 1.2 | | |
| 27 | | AA | | 1.2 | | |
| 28 | 11.10am 11am | AA | | 1.2 | - | |
| | | | | 1.2 | | |
| 29 | 10.40am 11.15am | AA AA | Lancenal see | 1.2 | | |
| 30 31 | 11.134111 | AA | | 1,2 | | |
| Was th If yes, notified | what was the I by end of ne | sidual ever less than the longest time period untiext business day. | | evel was restored? hours - | | rinking Water Program to be |
| | | 3,300 or Fewer | | GWS Serving M | | |
| 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. | | | Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No | | | Date continuous monitoring equipment failed: |
| | | | If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No No Attach grab sample results and submit them with this form. | | Date it was returned to service: | |
| - | | | | | | |
| Printed Name: TARLOCHAN SINGH Titl | | | | tle: GM | Operator Certification #: | |
| Signature: | | | | Phone #: (5418493335) | | OR |
| -12-00-20-00-00-00-00-00-00-00-00-00-00-00 | | 17 | 100 | ACCOUNT ON ACCOUNT A SACRESTANCE AND ACCOUNT OF A SACRESTANCE AND ACCOUNT | | Section 100 |