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

		nny Wilf Cha				VS ID# 41-		
Month	Year June	1 2014 Entry Po	oint: Kitch en	sink	Red	uired Minimum	Residual 1.03 mg/L	
Date 1	Time	Source(s) i	n use	residual at	ee chlorine entry point to system (mg/L)		Notes ,	
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Was the chlorine residual ever less than the required minimum residual of mg/L?   ✓ Yes   No								
		longest time period unt xt business day.	il the required leve	el was restored			rinking Water Program to be	
				10 minutes				
	1000	3,300 or Fewer	GWS Serving More Than 3,300					
until th	e residual retu		Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:		
as requ Attach this for	those results	Yes  \[ \] No and submit them with	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes No			Date it was returned to service:		
นาเจ เปเ	шь		Attach grab sample results and submit them with this form.			1 1		
Printed	Name: Tif	fany Godwin	Title: Director/ Teacher			Operator Certification #: OR S-141398		
Signatu	e: JUKHAM	y Goodi	Phone #: (541) 761-			OR 3-171318		
Date: 10 / 11 / 24 Small Groundwater System								
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Return by 10th of following month by either email to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.