* used Bottled water on these State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System	Name Suh	ing Will Charte	er Presch Kitchen	sink		D# 41- 45 ad Minimum Re	608 sidual 1.03 mg/L	
Date	Time	Source(s) in us		Lowest free ch residual at entry distribution syste	point to		Notes	
1 2 3 4 5	6:40	well well		08		100	> 8 · 00 / 0.8 > 8 · 00 / 0.8	8
6 7 8 9 10 11 12	(0:31 (0:40 (0:30 (0:25)	well well well		1.2 1.2 1.2				
14 15 16 17 18 19 20	6:30 6:34 6:25 6:82	well well well		1.2				
21 22 23 24 25 26 27	6:50 6:50 6:50	1 . () []		1:2				
28 29 30 31	6:25	well		1:7	10.5	No. T No.		
Was the chlorine residual ever less than the required minimum residual of mg/L? Yes No hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.								
until the residual returned to mg/L reas required? Yes No If Attach those results and submit them with			reporting more of the second in the second i	Attach grab sample results and submit them with this form.				
Printed Name: Tiffany Godwin Title: Director Teather Operator Certification #: S-741398 Signature: 10 / 6 / 25 Date: 10 / 6 / 25 Operator Certification #: S-741398 Small Groundwater System Title: Director Teather Operator Certification #: S-741398 OR Small Groundwater System Title: Director Teather Operator Certification #: S-741398 OR Small Groundwater System Title: Director Teather Operator Certification #: S-741398 OR OR OR OR OPERATOR OPERATO								8

Return by 10th of following month by either email and dimensional to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.