


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

System Name 10: 

PWS ID# 4 1 95136

Month/Year 12/2021

Entry Point: B

Required Minimum Residual 0.56 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:30am	Gym mens bath	0.8	
2	8:00am	Gym mens bath	0.9	
3	8:30am	Gym mens bath	0.8	
4	8:00am	Gym mens bath	0.8	
5	11:00am	Gym mens bath	0.9	
6	11:30am	Gym mens bath	0.8	
7	8:30am	Gym mens bath	0.8	
8	8:00am	Gym mens bath	0.9	
9	1:00pm	Gym mens bath	0.8	
10	11:00am	Gym mens bath	0.8	
11	8:00am	Gym mens bath	0.8	
12	11:00am	Gym mens bath	0.7	
13	11:30am	Gym mens bath	0.8	
14	10:30am	Gym mens bath	0.8	
15	10:30am	Gym mens bath	0.7	
16	10:30am	Gym mens bath	0.7	
17	8:30am	gym mens bath	0.8	
18	8:00am	Gym mens bath	0.7	
19	11:00am	gym mens bath	0.7	
20	8:30am	Gym mens bath	0.8	
21	9:30am	gym mens bath	0.7	
22	10:00am	Gym mens bath	0.7	
23	8:00am	gym mens bath	0.8	
24				Christman eve
25				Christmas day
26				snow
27				snow
28	8:00am	Gym mens bath	0.9	
29	9:00am	Gym mens bath	0.8	
30	8:00am	Gym mens bath	0.8	
31				New years eve

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
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: Christopher Elkins Title: maintance
 Signature: _____ Phone #: (541) 971-5271
 Date: 1 / 3 / 22

Operator Certification #:
 OR
 Small Groundwater System