

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

System Name    Jefferson Baptist Church

PWS ID#    4 1 95136

Month/Year     /

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				holiday
2				holiday
3				holiday
4				holiday
5	8:00am	Gym mens bath	0.8	
6	10:00am	Gym mens bath	0.7	
7	11:30am	gym mens bath	0.7	
8	8:00am	Gym mens bath	0.8	
9	8:00am	Gym mens bath	0.8	
10	11:30am	Gym mens bath	0.7	
11	11:30am	Gym mens bath	0.7	
12	10:00am	Gym mens bath	0.8	
13	10:30am	Gym mens bath	0.7	
14	11:00am	gym mens bath	0.8	
15	8:00am	Gym mens bath	0.7	
16	8:00am	Gym mens bath	0.7	
17	11:00m	gym mens bath	0.8	
18	10:30am	Gym mens bath	0.8	
19	8:00am	Gym mens bath	0.9	
20	11:30am	Gym mens bath	1.0	
21	8:00am	Gym mens bath	0.7	
22	8:30am	gym mens bath	0.7	
23	8:00am	gym mens bath	0.7	
24	11:00am	Gym mens bath	0.8	
25	11:00am	Gym mens bath	0.7	
26	10:00am	gym mens bath	0.7	
27	8:00am	Gym mens bath	0.8	
28	11:00am	Gym mens bath	0.7	
29	8:30am	Gym mens bath	0.7	
30	8:00am	gym mens bath	0.6	
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Was the chlorine residual ever less than the required minimum residual of 0.56 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: Chris Elkins

Title: maintance

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: (541) 971-5271

OR

Date: 10 / 2 / 2023

Small Groundwater System