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

MonthYear / JOO Entry Point: Required Minimum Residual 0.50 mg². Date Time Source(s) in use Constitution system (mg².) 1 7/4-M	System	n Name	Lobster Creek / Cam	pground	PWS ID# 4195331			
Date Time Source(s) in use distribution system (mg/L) 1	Month/	Year /	1202 Entry P	oint:	Re	Required Minimum Residual 0.50 mg/L		
2 7 7 M 3 7 7 M 4 7 7 7 M 5 8	Date		Source(s) in use		residual at entry point to		Notes	
3 7 7 1 1 9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	you	Host Site		1.80			
3 76 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		11		1,98		12	
5 6 // AP/	3		11		1,92			
6		JANI	11		1.88			
7 7 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		San	11		1.83			
8			clay use		1.16			
10		730/ML	14051 SILE		1,87			
10		Sign	11		1.86			
11		800	Site 2		1.77			
12 75% 1.93		THIN	NOSL SILE		1.81			
13 14 15 15 16 17 17 18 27 19 20 20 21 21 22 23 23 24 25 26 27 27 29 30 30 31 Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L? Yes Mo Hours Drinking Water Program to be Yes Mo Hours Yes Mo Hours Yes Mo Hours Yes Mo Hours Hours Yes Mo Hours		TAL			1.89			
14		730/m	11		1.92			
15 16 74 74 17 17 17 17 18 34 34 34 34 34 34 34 3		yn-	Spe #2		1,70			
16 7 7 7 7 1 1 8 8 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1		672/m	Host Site		1.68			
17 14 18 8 15 1 19 20 14 15 1 19 20 14 15		7 / A	Markey / it-was the pro-		1.65			
18 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		5//5/	,		471			
19		17 /m			1,62			
20			If the		1.64			
21 730 22 730 22 23 75 24 25 26 7 75 26 7 75 27 28 75 29 29 28 75 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		1) /	HOST SITE		1.57			
22 730 23		740			1.60			
23		720			1.53			
24		130	Silverth ?		1.50			
25 26 7754 27 28 75 29 30 31 Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L?			J. 42 2 10		1.20			
26 7/3/m 27 432/m 28 75 29 30 31 Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L?		SAL	HOST SIJE		1 44			
28 75 29 30 31 Was the chlorine residual ever less than the required minimum residual of 0.50 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 0.50 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 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: WIM3 Sayar Title: Rat III Operator Certification #:		7/5/			1 70			
28 75			Division		1021			
30 31 Was the chlorine residual ever less than the required minimum residual of 0.50 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 0.50 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 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach those results and submit them with this form. Printed Name: Will 3 Sayyy Title: Ray Full Operator Certification #:		75	July 43 5110 0		132			
Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L?		/-/	HOS JIN		133		7. 4	
Was the chlorine residual ever less than the required minimum residual of 0.50 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 0.50 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 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Attach grab sample results and submit them with this form. Title: Rat Attach Operator Certification #:			1		135			
Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L?					1. 25			
If yes, what was the longest time period until the required level was restored? GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 0.50 mg/L as required? Attach those results and submit them with this form. Printed Name: Will, 3 Says. GWS Serving More Than 3,300 Date 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. Title: Rac 4.								
If yes, did you monitor every four hours until the residual returned to 0.50 mg/L as required?	If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
If yes, did you monitor every four hours until the residual returned to 0.50 mg/L as required?	GWS	Serving 3	3,300 or Fewer		GWS Servina	More Than 3.	300	
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Attach those results and submit them with this form. Continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Title: Rev Free Operator Certification #:	required	1? []	res ∐No	If yes, were grab samples collected every four hours until the / /				
Printed Name: Will, 3 Sugre Title: Rec +2 Operator Certification #:			and submit them with	continuous mon	continuous monitoring equipment was returned to service as Date it was returned to			
Printed Name: Will, 5 Sugre Title: Rec +2 Operator Certification #:	this forn	n.		,			service:	
Printed Name: Will, 3 Sugre Title: Rec + 2 Operator Certification #:	Attach grab sample results and submit them with this form.							
Signature: Dhana # (Call) 12/25 3/2	Printed Name: Will 5 Sugre				Ratel	Operator Certification #:		
orginature. PHONE #. D 7/ 1 447/ SLA) UH	Signature		12	Phor	ne #: (5-11) 247-3603		OR	
	Date: 🗲	//	9/	Small Groundwater System 🖂				