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

					PWS ID# 41953	31	
Month/Year 7,25 Entry Point:				Required Minimum Residual 0.50 mg/L			
Date	Time	Source(s) in	use	Lowest free chlorine residual at entry point t distribution system (mg/	o (L)	Notes	
1	m.	405751te		1,1)			
2	7~	l		1.17			
3	En	L		1.13			
4	70	1		1.21			
5	70	Jan 113e		1.14			
6	1.1	802121M		1006			
7	Tar	,		125			
8	74	<b>*</b> ~		h (C)	_		
10	100			1127			
11	gn			111			
12	7-	1.		1.18			
13	7m	SJe# 2		. 97			
14	100	H051	5,48.	1-19			
15	70	1	68 86	1.24			
_16	78h	~ I		1,28			
17	Sin	ni I		1.22			
18			1.27				
100	19 7			1-20			
20 731 day 45e			170	1.10			
21	100		1.22				
23	3-	1		112			
24	ZAW	'		1.17			
25	73%	· ' /		106			
26	75			1.08			
27	ar	1		1960			
28	gow			191		1	
29	7	SHOO	1	188			
30	7-	4000 51	JQ	182			
31 1/20/							
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 GWS Serving More Than 3,300							
				us monitoring equipment fail at any time this		Date continuous monitoring	
				reporting month?  Yes  No		equipment failed:	
required?				If yes, were grab samples collected every four h		1 1	
				rab samples collected every lour flours until to conitoring equipment was returned to service :		Date it was returned to	
this form. requ			required? Yes No			service:	
			Attach grab sample results and submit them		em with this form.	1 1	
Printed Name: STEPHEN DICTICO Title: REC TECH					Operator Certification #:		
					_ 1	·	
Date:	Date: 8 / 9 / 2025 Small Groundwater System						