


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

System Name 

PWS ID# 41

Month/Year JAN / 24 Entry Point:

Required Minimum Residual .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:30		.6	
2	3:30		.6	
3	6pm	ADA Bathroom	.6	
4	11:00		.6	
5	3:30		.6	
6	11:30		.6	
7	11:30		.6	
8	11:30		.6	
9	3:30		.6	
10	6pm		.6	
11	11:30		.6	
12	11:30		.6	
13	11:45		.6	
14	11:30		.6	
15	11:30		.6	
16	3:30		.6	
17	6pm		.6	
18	11:30		.6	
19	11:30		.6	
20	11:30		.6	
21	11:30		.6	
22	11:30		.6	
23	3:30		.6	
24	6pm		.6	
25	11:30		.6	
26	11:30		.6	
27	11:30		.6	
28	11:45		.6	
29	11:30		.6	
30	3:30		.6	
31	6pm		.6	

Was the chlorine residual ever less than the required minimum residual of .2 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <u>EDWARD BORTA</u>	Title: <u>owner</u>	Operator Certification #: <u>N/A</u>
Signature: <u>Edward M. Borta</u>	Phone #: <u>(541) 787-5998</u>	OR <u>N/A</u>
Date: <u>JAN 16 24</u>		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.