

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

System Name OSU Rowing Center			PWS ID# 41 41-95390	
Month/Year 10/2025		Entry Point: Chart at Mixing Tank		Required Minimum Residual 2.00 mg/L
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12p	Chart Recorder at mixing tank	2.94	
2	12p	"	2.94	
3	12p	"	2.4	
4	12p	"	2.94	
5	12p	"	2.4	
6	12p	"	2.58	
7	12p	"	2.55	
8	12p	"	2.94	
9	12p	"	2.94	
10	12p	"	2.94	
11	12p	"	2.94	
12	12p	"	2.94	
13	12p	"	2.94	
14	12p	"	2.94	
15	12p	"	2.94	
16	12p	"	2.94	
17	12p	"	2.94	
18	12p	"	2.94	
19	12p	"	2.94	
20	12p	"	2.19	
21	12p	"	2.94	
22	12p	"	2.94	
23	12p	"	2.94	
24	12p	"	2.94	
25	12p	"	1.86	
26	12p	"	2.94	
27	12p	"	2.94	
28	12p	"	2.94	
29	12p	"	2.94	
30	12p	"	2.55	
31	12p	"		
Was the chlorine residual ever less than the required minimum residual of 2.00 mg/L? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? 1.0 hours – <u>If > 4 hours, Drinking Water Program to be notified by end of next business day.</u>				
GWS Serving 3,300 or Fewer 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 <i>Attach those results and submit them with this form.</i>		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>		
Printed Name: John Schneider		Title: boatman		Operator Certification #:
Signature: _____		Phone #: (541) 231-4291		OR
Date: 11 / 12 / 2025				Small Groundwater System <input type="checkbox"/>