

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

System Name OSU Rowing Center

PWS ID# 4 1 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? ☒ Yes ☒ No

If yes, what was the longest time period until the required level was restored? 1.0 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: John Schneider

Title: boatman

Operator Certification #:

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

Phone #: ( 541) 231-4291

OR

Date: 11 / 12 / 2025

Small Groundwater System ☐