

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 11/2025

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	2.97	
2	12p	"	2.97	
3	12p	"	2.34	
4	12p	"	2.94	
5	12p	"	2.97	
6	12p	"	2.97	
7	12p	"	2.94	
8	12p	"	2.97	
9	12p	"	2.97	
10	12p	"	2.97	
11	12p	"	2.94	
12	12p	"	2.58	
13	12p	"	2.49	
14	12p	"	2.94	
15	12p	"	2.97	
16	12p	"	2.97	
17	12p	"	2.97	
18	12p	"	2.94	
19	12p	"	2.04	
20	12p	"	2.97	
21	12p	"	2.97	
22	12p	"	2.4	
23	12p	"	2.31	
24	12p	"	1.95	
25	12p	"	2.94	
26	12p	"	2.97	
27	12p	"	2.97	
28	12p	"	2.94	
29	12p	"	2.97	
30	12p	"	2.97	
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? 2 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: 12 / 02 / 2025

Small Groundwater System ☐