

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		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	"			
<p>Was the chlorine residual ever less than the required minimum residual of 2.00 mg/L? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>					
GWS Serving 3,300 or Fewer		GWS Serving More Than 3,300			
<p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>		<p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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>	
Printed Name: John Schneider		Title: boatman		Operator Certification #:	
Signature: _____		Phone #: (541) 231-4291		OR	
Date: 12 / 02 / 2025		Small Groundwater System <input type="checkbox"/>			