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

System Name <u>Camelot Mobile Residence</u> PWS ID# 41 <u>00027</u>							
Month/Year 2 / 21 Entry Point: Pump house Required Minimum Residual •5 mg/L							
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point distribution system (mg		Notes	
1	9100	Punk	house	,7			
2	9:00			. 8			
3	9:00			-9			
4	9:00			.8			
5	9:00			- 4			
6	9:00			,q			
7	9,00			49			
8	9:00			* 8			
9	9:00						
10	9:00			<u> </u>			
11 12	9:00	_//		28			
13	4:00			^ 8			
14					+	Power	
15						outage.	
16						owing 5	
17							
18	9:00	Pun	phonse	. %			
19	9:00		Kimes	- 8			
20	9:00			,5			
21	9:00			.7			
22	9:00		<u> </u>	. 8			
23	9:00			1.4			
24	9:00			1.]			
25	9:00			1.0			
26	9:00			1.1			
27	9:00			1.2			
28	9:00	~		1, 1			
29						-	
30 31							
Was the chlorine residual ever less than the required minimum residual ofmg/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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
until the	residual retur	r every four hours ned to mg/L as	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:	
required?			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No			Date it was returned to	
_			Attach grab sample results and submit them with this form.		th this form	service:	
Printed Name: Nanda Gloube Title: Owner Operator Certification #:							
2.0.21						OR	
Date: <u>3 2 </u>						Small Groundwater System □	