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

System Name <u>Camelot Mobile Residence</u> PWS ID# 41 00027						00027	
Month/Year 5/31 Entry Point: Pumphouse Required Minimum Residual •5 mg/L							
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	9:00	Hemphouse		17			
2	9:00			,8			
3	9:00	——		.9			
4	9:00	\		1.0			
5 6	9:00			1.0			
7	00:00			1.8			
8	9:00			1,2			
9	9:00			1 2			
10	9:00			1.2			
11	9:00			1.4		····	
12	9:00			,8'		· · · · · · · · · · · · · · · · · · ·	
13	9:00			1.2			
14	9:00			1.2		•	
15	9:00			1,3			
16	9:00			1.1			
17	9:00			12			
18	9:00			1.0			
19 20	7:00			1.1			
21	9.00		 	1, 3			
22	9:00			1.0			
23	9:00			1 41			
24	9:00			1.4			
25	9:00			1.3			
26	9:00			7. 2			
27	9:00			1,0			
28	9:00			1.0			
29	9:00			1,3			
30	7:00			 			
31 9:00 1./							
Was the chlorine residual ever less than the required minimum residual ofmg/L? ☐ Yes 图 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 M					More Than 3,	300	
until the	residual retui	r every four hours med to mg/L as	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:	
required? ☐ Yes ☐ No			If yes, were grab samples collected every four hours until the				
Attach those results and submit them with this form.			continuous monitoring equipment was returned to service required? ☐ Yes ☐ No			Date it was returned to service:	
! 			Attach grab sam	ple results and submit the	m with this form.	'	
Printed Name: Wanda Gloude Title: Owner Operator Certification #:							
Signature: Sunda Soud Phone #: (541) 926-2863						OR	
Date: 61/12/					i	Small Groundwater System □	