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

Month/Year   D   2	System	Name	Camelo	t Mobile	Residence F	PWS ID# 4 1	00027			
Source(s) in use	Month/	Year 10	12 Entry	Point: Pum	phouse			_ mg/l		
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30 9 : 00 31 9 : 00 31 9 : 00 31 9 : 00 31 9 : 00 31 9 : 00 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 If yes, did you monitor every four hours until the residual returned tomg/L as required? □ Yes □ No  Attach those results and submit them with this form.  Date 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 those results and submit them with this form.  Printed Name: Wanda ☐ outle					, 45					
Was the chlorine residual ever less than the required minimum residual of			<u> </u>							
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Printed Name: Wanda Gloube Title: Owner Operator Certification #:  dignature: Wanda Sloude Phone #: (541) 936-2863  OR  OR	Attach those results and submit them with this form.			continuous monitori	ing equipment was returned	to service as Date it was returned to				
Printed Name: Wanda Gloube Title: Owner Operator Certification #:  dignature: Wanda Sloude Phone #: (541) 936-2863  OR  OR				Attach grab sample results and submit them with		th this form.				
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