

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

System Name Camelot Mobile Residence PWS ID# 41 00027  
 Month/Year 12 / 21 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 | Pumphouse        | .6   |                                 |
| 2    | 9:00 |                  | .0   | ← Pump failure<br>pump replaced |
| 3    | 9:00 |                  | .6   |                                 |
| 4    | 9:00 |                  | .8   |                                 |
| 5    | 9:00 |                  | .6   |                                 |
| 6    | 9:00 |                  | .6   |                                 |
| 7    | 9:00 |                  | .8   |                                 |
| 8    | 9:00 |                  | .6   |                                 |
| 9    | 9:00 |                  | .8   |                                 |
| 10   | 9:00 |                  | .9   |                                 |
| 11   | 9:00 |                  | .9   |                                 |
| 12   | 9:00 |                  | .9   |                                 |
| 13   | 9:00 |                  | .8   |                                 |
| 14   | 9:00 |                  | .9   |                                 |
| 15   | 9:00 |                  | .9   |                                 |
| 16   | 9:00 |                  | .8   |                                 |
| 17   | 9:00 |                  | .6   |                                 |
| 18   | 9:00 |                  | .9   |                                 |
| 19   | 9:00 |                  | 1.0  |                                 |
| 20   | 9:00 |                  | 1.2  |                                 |
| 21   | 9:00 |                  | .7   |                                 |
| 22   | 9:00 |                  | 1.3  |                                 |
| 23   | 9:00 |                  | 1.0  |                                 |
| 24   | 9:00 |                  | 1.0  |                                 |
| 25   | 9:00 |                  | 1.0  |                                 |
| 26   | 9:00 |                  | .7   |                                 |
| 27   | 9:00 |                  | .7   |                                 |
| 28   | 9:00 |                  | .9   |                                 |
| 29   | 9:00 |                  | 1.1  |                                 |
| 30   | 9:00 |                  | 1.0  |                                 |
| 31   | 9:00 |                  | 1.1  |                                 |

Was the chlorine residual ever less than the required minimum residual of .5 mg/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.

|  |   |
|--|---|
| <p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>.5</u> mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> | <p align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> <p>Date continuous monitoring equipment failed: _____/_____/_____<br/>                 Date it was returned to service: _____/_____/_____</p> |
|--|---|

Printed Name: Wanda Gloube Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: Wanda Gloube Phone #: (541) 926-2863 OR  
 Date: 11/3/22 Small Groundwater System