

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

System Name Camelot Mobile Residence PWS ID# 41 00027  
 Month/Year 2/22 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        | 1.9  |       |  |
| 2    | 9:00 |                  | 1.9  |       |  |
| 3    | 9:00 |                  | 1.9  |       |  |
| 4    | 9:00 |                  | 1.9  |       |  |
| 5    | 9:00 |                  | 1.7  |       |  |
| 6    | 9:00 |                  | 1.8  |       |  |
| 7    | 9:00 |                  | 1.8  |       |  |
| 8    | 9:00 |                  | 1.8  |       |  |
| 9    | 9:00 |                  | 1.8  |       |  |
| 10   | 9:00 |                  | 1.7  |       |  |
| 11   | 9:00 |                  | 1.5  |       |  |
| 12   | 9:00 |                  | 1.8  |       |  |
| 13   | 9:00 |                  | 1.9  |       |  |
| 14   | 9:00 |                  | 1.0  |       |  |
| 15   | 9:00 |                  | 1.7  |       |  |
| 16   | 9:00 |                  | 1.8  |       |  |
| 17   | 9:00 |                  | 1.7  |       |  |
| 18   | 9:00 |                  | 1.6  |       |  |
| 19   | 9:00 |                  | 1.6  |       |  |
| 20   | 9:00 |                  | 1.8  |       |  |
| 21   | 9:00 |                  | 1.0  |       |  |
| 22   | 9:00 |                  | 1.7  |       |  |
| 23   | 9:00 |                  | 1.8  |       |  |
| 24   | 9:00 |                  | 1.6  |       |  |
| 25   | 9:00 |                  | 1.9  |       |  |
| 26   | 9:00 |                  | 1.7  |       |  |
| 27   | 9:00 |                  | 1.8  |       |  |
| 28   | 9:00 |                  | 1.5  |       |  |
| 29   |      |                  | ---  | 1.4   |  |
| 30   |      |                  | ---  |       |  |
| 31   |      |                  | ---  |       |  |

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>   </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><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: <u>   </u>/<u>   </u>/<u>   </u></p> <p>Date it was returned to service: <u>   </u>/<u>   </u>/<u>   </u></p>   |  |

Printed Name: Wanda Gloude Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: Wanda Gloude Phone #: (541) 926-2863 OR  
 Date: 3/8/22 Small Groundwater System