

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

System Name Camelot Mobile Residence PWS ID# 41 00027
 Month/Year 7/23 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 ↓ | 1.6 | |
| 2 | 9:00 | | 1.6 | |
| 3 | 9:00 | | 1.8 | |
| 4 | 9:00 | | 1.4 | |
| 5 | 9:00 | | 1.5 | |
| 6 | 9:00 | | 1.4 | |
| 7 | 9:00 | | 1.6 | |
| 8 | 9:00 | | 1.7 | |
| 9 | 9:00 | | 1.7 | |
| 10 | 9:00 | | 1.5 | |
| 11 | 9:00 | | 1.8 | |
| 12 | 9:00 | | 1.9 | |
| 13 | 9:00 | | 1.8 | |
| 14 | 9:00 | | 1.8 | |
| 15 | 9:00 | | 1.8 | |
| 16 | 9:00 | | 1.7 | |
| 17 | 9:00 | | 1.8 | |
| 18 | 9:00 | | 1.9 | |
| 19 | 9:00 | | 1.8 | |
| 20 | 9:00 | | 1.7 | |
| 21 | 9:00 | | 1.9 | |
| 22 | 9:00 | | 1.8 | |
| 23 | 9:00 | | 1.3 | |
| 24 | 9:00 | | 1.8 | |
| 25 | 9:00 | | 1.8 | |
| 26 | 9:00 | | 1.8 | |
| 27 | 9:00 | | 1.8 | |
| 28 | 9:00 | | 1.6 | |
| 29 | 9:00 | | 1.5 | |
| 30 | 9:00 | | 1.4 | |
| 31 | 9:00 | | 1.5 | |

Was the chlorine residual ever less than the required minimum residual of ____ 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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to ____ 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">GWS Serving More Than 3,300</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: ____/____/____</p> <p>Date it was returned to service: ____/____/____</p> |

Printed Name: Wanda Gloude Title: Owner Operator Certification #: _____
 Signature: Wanda Gloude Phone #: (541) 926-2863 OR
 Date: 8/1/23 Small Groundwater System