

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

System Name Camelot Mobile Residence PWS ID# 41 00027
Month/Year 11 / 24 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	8:00	<u>Pumphouse</u>	1.1	
2	12:00		1.1	
3	11:00		1.2	
4	8:00		1.04	
5	8:00		1.3	
6	8:00		1.2	
7	8:00		1.3	
8	10:00		1.1	
9	10:00		1.2	
10	10:00		1.3	
11	10:00		1.2	
12	9:00		1.1	
13	8:00		1.2	
14	8:00		1.4	
15	8:00		1.3	
16	10:00		1.2	
17	10:00		1.2	
18	9:00		1.3	
19	8:00		1.2	
20	8:00		1.1	
21	11:00		1.1	
22	11:00		1.2	
23	11:00		1.2	
24	11:00		1.2	
25	10:00		1.3	
26	10:00		1.2	
27	9:00		1.2	
28	9:00		1.3	
29	11:00		1.2	
30	10:00		1.3	
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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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did 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 grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name: Wanda Gloude

Signature: Wanda Gloude

Date: 11 / 2 / 24

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐