

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

System Name Camelot Mobile Residence PWS ID# 41 00027  
Month/Year 12/24 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	9:00	<u>Pumphouse</u>	1.2	
2	10:00		1.3	
3	8:00		1.2	
4	8:00		2.5	
5	8:00		1.4	
6	8:00		1.3	
7	11:00		1.4	
8	9:00		1.2	
9	8:00		1.3	
10	8:00		1.2	
11	8:00		1.1	
12	8:00		1.2	
13	8:00		1.3	
14	10:00		1.2	
15	9:00		1.3	
16	12:00		1.1	
17	12:00		1.2	
18	8:00		1.0	
19	8:00		1.1	
20	8:00		1.0	
21	10:00		1.0	
22	12:00		1.0	
23	9:00		1.1	
24	11:00		1.0	
25	11:00		1.1	
26	11:00		1.2	
27	9:00		1.1	
28	12:00		1.2	
29	12:00		1.1	
30	9:00		1.2	
31	12:00		1.0	

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: 11/6/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: \_\_\_\_\_

OR

Small Groundwater System ☐