

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

System Name Camelot Mobile Residence PWS ID# 41 00027
Month/Year 2/25 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	11:00		1.7	
2	11:00		1.7	
3	11:00		1.8	
4	11:00		1.0	
5	11:00		1.9	
6	11:00		1.7	
7	11:00		1.7	
8	10:00		1.7	
9	10:00		1.8	
10	9:00		0.9	
11	8:00		1.0	
12	6:00		1.0	
13	8:00		1.8	
14	8:00		0.8	
15	11:00		1.0	
16	10:00		1.0	
17	9:00		0.9	
18	9:00		1.0	
19	8:00		1.1	
20	8:00		1.0	
21	8:00		1.1	
22	10:00		1.0	
23	12:00		1.1	
24	8:00		1.1	
25	8:00		1.2	
26	8:00		1.1	
27	8:00		1.2	
28	8:00		1.3	
29				
30				
31				

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: 3/2/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐