

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

System Name Camelot Mobile Residence PWS ID# 41 00027
Month/Year 3/25 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	9:00	Pumphouse	0.9	
2	9:00		1.0	
3	8:00		1.0	
4	8:00		0.6	
5	8:00		0.8	
6	8:00		0.6	
7	8:00		0.8	
8	8:00		0.7	
9	12:00		0.8	
10	8:00		0.9	
11	8:00		1.0	
12	8:00		0.6	
13	9:00		0.8	
14	8:00		0.9	
15	10:00		0.8	
16	10:00		1.0	
17	9:00		1.1	
18	8:00		1.0	
19	8:00		1.4	
20	9:00		1.3	
21	8:00		1.3	
22	8:00		1.4	
23	10:00		1.5	
24	9:00		1.4	
25	9:00		1.3	
26	9:00		1.0	
27	9:00		1.1	
28	9:00		1.0	
29	10:00		1.0	
30	10:00		1.1	
31	9:00		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: 4/14/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐