

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

System Name Camelot Mobile Residence PWS ID# 41 00027
Month/Year 4/25 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	8:00	<u>Pumphouse</u>	1.1	
2	8:00		1.0	
3	8:00		1.2	
4	8:00		1.0	
5	11:00		1.1	
6	11:00		1.0	
7	8:00		1.1	
8	8:00		1.2	
9	8:00		1.2	
10	8:00		1.1	
11	9:00		1.2	
12	10:00		1.1	
13	10:00		1.4	
14	10:00		1.3	
15	8:00		1.4	
16	8:00		1.3	
17	8:00		1.4	
18	8:00		1.4	
19	12:00		1.5	
20	12:00		1.5	
21	9:00		1.5	
22	8:00		1.4	
23	8:00		1.4	
24	8:00		1.3	
25	10:00		0.8	
26	11:00		1.0	
27	11:00		1.0	
28	9:00		1.1	
29	8:00		1.1	
30	9:00		1.0	
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: 5/2/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐