

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

System Name Camelot Mobile Residence PWS ID# 41 00027

Month/Year 5/25 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	Pumphouse	1.1	
2	8:00		1.1	
3	10:00		1.0	
4	12:00		1.1	
5	8:00		1.1	
6	9:00		1.0	
7	8:00		1.0	
8	8:00		1.1	
9	8:00		1.0	
10	9:00		1.1	
11	10:00		1.1	
12	9:00		1.1	
13	9:00		1.2	
14	9:00		1.1	
15	9:00		1.0	
16	9:00		1.1	
17	10:00		1.0	
18	10:00		1.3	
19	10:00		1.2	
20	9:00		1.3	
21	9:00		1.2	
22	8:00		1.1	
23	8:00		0.7	
24	11:00		0.9	
25	11:00		1.0	
26	11:00		1.1	
27	9:00		1.1	
28	8:00		1.0	
29	10:00		1.0	
30	8:00		1.1	
31	10:00		1.2	

Was the chlorine residual ever less than the required minimum residual of .5 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 Glouder Title: Owner  
 Signature: Wanda Glouder Phone #: (541) 926-2863  
 Date: 6/2/25

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

OR

Small Groundwater System ☐