

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

System Name Camelot Mobile Residence

PWS ID# 41 00027

Month/Year 6/25 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	10:00	Pumphouse		
2	10:00		1.4	
3	8:00		1.2	
4	9:00		1.5	
5	9:00		1.4	
6	9:00		1.5	
7	10:00		1.4	
8	10:00		1.3	
9	8:00		1.5	
10	8:00		1.4	
11	8:00		1.1	
12	8:00		1.2	
13	8:00		.8	
14	9:00		.7	
15	11:00		.8	
16	9:00		.8	
17	9:00		.8	
18	9:00		.7	
19	9:00		.8	
20	11:00		1.0	
21	11:00		1.1	
22	11:00		1.0	
23	10:00		1.0	
24	11:00		1.0	
25	10:00		.9	
26	10:00		1.0	
27	10:00		1.0	
28	10:00		1.1	
29	8:00		1.0	
30	8:00		1.1	
31			1.1	

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: 7/6/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐