State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Camelot Mobile Residence PWS ID# 41 00027

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

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 Glboude Title: Owner

Signature: Wanda Gloude Phone #: (541) 926-2863

Date: 9/4/25

Operator Certification #: _____

OR

Small Groundwater System ☐