

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

System Name Camelot Mobile Residence PWS ID# 41 00027

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

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: 11/4/25

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System ☐