

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		1.0	
17	9:00		.8	
18	10:00		.9	
19	10:00		1.0	
20	9:00		.8	
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: 11/4/125

Title: Owner

Phone #: (541) 926-2863

Operator Certification #: _____

OR

Small Groundwater System