

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

System Name Camelot Mobile Residence PWS ID# 41 00027
 Month/Year 11/25 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	<u>Pumphouse</u>	<u>.7</u>	
2	10:00		<u>.8</u>	
3	8:00		<u>.8</u>	
4	8:00		<u>.9</u>	
5	8:00		<u>.7</u>	
6	8:00		<u>.8</u>	
7	8:00		<u>.7</u>	
8	8:00		<u>.7</u>	
9	9:00		<u>.8</u>	
10	11:00		<u>.7</u>	
11	8:00		<u>.8</u>	
12	8:00		<u>.7</u>	
13	8:00		<u>.7</u>	
14	7:00		<u>.6</u>	
15	8:00		<u>.7</u>	
16	8:00		<u>.7</u>	
17	9:00		<u>.7</u>	
18	7:00		<u>.7</u>	
19	8:00		<u>.7</u>	
20	7:00		<u>.7</u>	
21	8:00		<u>.7</u>	
22	7:00		<u>.8</u>	
23	9:00		<u>.8</u>	
24	10:00		<u>.8</u>	
25	8:00		<u>.9</u>	
26	8:00		<u>.9</u>	
27	8:00		<u>.8</u>	
28	8:00		<u>.9</u>	
29	10:00		<u>.9</u>	
30	10:00		<u>.9</u>	
31	10:00		<u>.8</u>	

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: Nanda Gloude

Title: Owner

Signature: Nanda Gloude

Phone #: (541) 926-2863

Date: 12/2/25

Operator Certification #: _____

OR

Small Groundwater System ☐