

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

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

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Wanda Gloude Title: Owner Operator Certification #: _____
Signature: Wanda Gloude Phone #: (541) 926-2863 OR
Date: 12/12/25 Small Groundwater System