

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

System Name Camelot Mobile Residence PWS ID# 41 00027  
 Month/Year 5/24 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		<u>Pumphouse</u>		
2	8:00		1.2	
3	8:00		1.1	
4	8:00		1.2	
5	10:00		1.3	
6	8:00		1.2	
7	8:00		1.1	
8	8:00		1.2	
9	8:00		1.1	
10	8:00		1.2	
11	8:00		1.3	
12	10:00		1.3	
13	11:00		1.2	
14	8:00		1.0	
15	8:00		1.1	
16	8:00		1.2	
17	8:00		1.4	
18	10:00		1.3	
19	12:00		1.3	
20	8:00		1.1	
21	8:00		1.2	
22	8:00		1.1	
23	8:00		1.0	
24	8:00		1.1	
25	10:00		1.3	
26	10:00		1.2	
27	10:00		1.0	
28	8:00		1.1	
29	8:00		1.2	
30	8:00		1.3	
31	8:00		1.0	

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>    </u> 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><b>GWS Serving More Than 3,300</b></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>
<p>Date continuous monitoring equipment failed: <u>    </u>/<u>    </u>/<u>    </u></p> <p>Date it was returned to service: <u>    </u>/<u>    </u>/<u>    </u></p>	

Printed Name: Wanda Gloude Title: Owner  
 Signature: Wanda Gloude Phone #: (541) 926-2863  
 Date: 6/2/24

Operator Certification #:                       
 OR  
 Small Groundwater System