State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Camelot Mobile Residence PWS ID# 41 00027

Month/Year: 7/24 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	10:00	Pumphouse	1.4	
2	10:00		1.5	
3	9:00		1.1	
4	9:00		1.2	
5	11:00		1.3	
6	9:00		1.2	
7	10:00		1.1	
8	8:00		1.3	
9	8:00		1.2	
10	7:00		1.0	
11	9:00		.7	
12	8:00		.9	
13	8:00		1.1	
14	7:00		.7	
15	10:00		1.0	
16	8:00		1.1	
17	7:00		.7	
18	7:00		.8	
19	7:00		.9	
20	7:00		1.0	
21	8:00		.9	
22	10:00		1.2	
23	10:00		1.2	
24	8:00		1.0	
25	9:00		1.2	
26	7:00		1.1	
27	8:00		1.0	
28	7:00		1.2	
29	8:00		1.1	
30	7:00		1.0	
31	9:00		1.1	

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 Glaude Title: Owner

Signature: Wanda Glaude Phone #: (541) 926-2863

Date: 8/2/24

Operator Certification #: _____

OR

Small Groundwater System ☐