

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

System Name Camelot Mobile Residence PWS ID# 41 00027

Month/Year 8/24 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	8:00	Pumphouse	1.1	
2	8:00		1.1	
3	7:00		1.0	
4	11:00		1.1	
5	9:00		1.2	
6	9:00		1.3	
7	10:00		1.2	
8	9:00		1.0	
9	9:00		1.1	
10	9:00		1.2	
11	9:00		1.2	
12	10:00		1.2	
13	9:00		1.4	
14	8:00		1.3	
15	9:00		1.2	
16	9:00		1.0	
17	8:00		1.1	
18	11:00		1.2	
19	12:00		1.2	
20	8:00		1.3	
21	8:00		1.0	
22	8:00		1.2	
23	8:00		0.5	
24	10:00		1.0	
25	10:00		1.3	
26	9:00		1.2	
27	8:00		1.4	
28	8:00		1.3	
29	8:00		1.2	
30	10:00		1.3	
31	10:00		1.1	

Was the chlorine residual ever less than the required minimum residual of .5 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 <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>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>
<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 Operator Certification #: _____
 Signature: Wanda Gloude Phone #: (541) 926-2863 OR
 Date: 9/14/24 Small Groundwater System