

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

System Name **Canby Regency**

PWS ID# **41 00163**

Month/Year **January 2021**

Treatment Room
Minimum Residual: **0.3 mg/L**

Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	09:47	Spring	1.0	
2	10:45	Spring	1.0	
3	14:53	Spring	0.7	
4	06:00	Spring	0.8	
5	10:06	Spring	0.8	
6	07:41	Spring	0.8	
7	09:00	Spring	0.7	
8	09:30	Spring	0.7	
9	14:22	Spring	0.7	
10	14:35	Spring	0.7	
11	09:04	Spring	0.7	
12	13:30	Spring	1.0	
13	14:00	Spring	1.5	
14	08:40	Spring	1.5	
15	09:25	Spring	1.5	
16	16:30	Spring	1.2	
17	14:00	Spring	1.2	
18	10:44	Spring	1.0	
19	08:38	Spring	1.0	
20	09:30	Spring	0.8	
21	09:00	Spring	0.7	
22	08:31	Spring	0.7	
23	07:36	Spring	1.0	
24	03:05	Spring	0.8	
25	07:10	Spring	0.7	
26	09:23	Spring	0.8	
27	10:30	Spring	0.9	
28	08:00	Spring	0.8	
29	08:07	Spring	1.3	
30	17:46	Spring	1.2	
31	13:42	Spring	1.4	

Were the chlorine residual's at treatment room ever less than the required minimum residual of .3 mg/L? ☐ Yes ☒ No
If yes, what was the 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 chlorine residual's at treatment room every four hours until the residual returned to .3 mg/L as required?
☐ Yes ☐ No

Attach those results and submit them with this form.

Printed Name: **Mary Howell**

Title: **DEC**

Operator Certification #: **D-1242**

Signature: *Mary Howell*

Phone #: **(503) 855-1619**

Date: **02/11/2021**

OR

Small Groundwater System ☐