


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

System Name    Canby Regency		PWS ID#    4 1    00163	
Month/Year <u>May 2021</u> /		Treatment Room	Minimum Residual:    0.3 mg/L 

Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	12:18	Spring	0.4	
2	14:59	Spring	0.4	
3	10:08	Spring	0.4	
4	09:30	Spring	0.4	
5	09:10	Spring	0.4	
6	07:30	Spring	0.4	
7	06:24	Spring	0.5	
8	19:04	Spring	0.5	
9	17:33	Spring	0.5	
10	09:10	Spring	0.5	
11	06:59	Spring	0.4	
12	08:00	Spring	0.4	
13	09:15	Spring	0.3	
14	07:45	Spring	0.3	
15	19:44	Spring	0.5	
16	15:02	Spring	0.5	
17	08:30	Spring	0.5	
18	12:13	Spring	0.5	
19	08:30	Spring	0.5	
20	08:00	Spring	0.4	
21	10:20	Spring	0.5	
22	09:36	Spring	0.5	
23	15:16	Spring	0.5	
24	09:47	Spring	0.5	
25	09:10	Spring	0.4	
26	09:15	Spring	0.4	
27	10:15	Spring	0.4	
28	16:00	Spring	0.5	
29	08:20	Spring	0.5	
30	14:25	Spring	0.5	
31	10:04	Spring	0.5	

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: <u>Mary Howell</u> Signature: <u>Mary A. Howell</u> Date: <u>06/08/2021</u>	Title: <u>DRC</u> Phone #: <u>(503) 255-1619</u> Operator Certification #: <u>D-142</u> OR Small Groundwater System <input type="checkbox"/>
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