

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

System Name Canby Regency		PWS ID# 41 00163	
Month/Year September, 2001		Treatment Room Minimum Residual: 0.3 mg/L	

Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	18:00	Spring	0.6	
2	18:15	Spring	0.4	
3	08:21	Spring	0.8	
4	14:00	Spring	0.8	
5	15:07	Spring	0.5	
6	12:26	Spring	0.5	
7	11:03	Spring	0.6	
8	12:00	Spring	0.5	
9	08:30	Spring	0.6	
10	14:26	Spring	0.6	
11	15:00	Spring	0.6	
12	19:30	Spring	0.6	
13	19:00	Spring	0.6	
14	08:15	Spring	0.3	
15	09:30	Spring	1.2	Pump Issues
16	10:00	Spring	0.6	
17	16:30	Spring	0.6	
18	15:48	Spring	0.6	
19	14:57	Spring	0.8	
20	12:09	Spring	0.8	
21	13:29	Spring	0.6	
22	11:30	Spring	0.6	
23	10:30	Spring	0.5	
24	18:37	Spring	0.5	
25	11:29	Spring	0.8	
26	16:35	Spring	0.8	
27	08:59	Spring	0.6	
28	07:22	Spring	0.6	
29	14:30	Spring	0.9	
30	15:45	Spring	0.6	
31	—	Spring		

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 L Howell</u> Signature: <u>Mary L. Howell</u> Date: <u>10/07/2021</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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