

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

System Name Canby Regency

PWS ID# 41 00163

December 2021
Month/Year

Treatment Room

Minimum Residual: 0.3 mg/L



Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	11:30	Spring	0.4	
2	15:00	Spring	0.4	
3	07:48	Spring	0.6	
4	08:50	Spring	0.6	
5	15:00	Spring	0.7	
6	17:52	Spring	0.7	
7	18:10	Spring	0.7	
8	15:00	Spring	0.6	
9	13:30	Spring	0.6	
10	08:12	Spring	0.5	
11	11:05	Spring	0.4	
12	17:19	Spring	0.4	
13	16:44	Spring	0.4	
14	11:17	Spring	0.6	
15	13:45	Spring	0.8	
16	10:30	Spring	0.7	
17	07:14	Spring	0.6	
18	17:16	Spring	0.5	
19	08:06	Spring	0.5	
20	19:00	Spring	0.5	
21	18:37	Spring	0.6	
22	12:00	Spring	0.7	
23	09:15	Spring	0.6	
24	13:40	Spring	0.7	broken pipe @ #106
25	15:13	Spring	1.0	
26	17:19	Spring	1.0	
27	20:14	Spring	1.0	
28	15:01	Spring	1.0	
29	12:30	Spring	0.8	
30	10:30	Spring	0.7	
31	13:15	Spring	1.0	

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 L Howell

Title: DTCC

Operator Certification #:

Signature: Mary L. Howell

Phone #: (503) 255-1619

OR

D-142

Date: 1

Small Groundwater System ☐