

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

System Name
April
Month/Year

Canby Regency
2022

Treatment Room
Minimum Residual: 0.3 mg/L

PWS ID# 41 00163



Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	06:36	Spring	0.4	
2	08:17	Spring	0.4	
3	16:03	Spring	0.4	
4	06:28	Spring	0.4	
5	15:30	Spring	0.4	
6	13:20	Spring	0.4	
7	09:30	Spring	0.4	
8	09:55	Spring	0.4	
9	10:27	Spring	0.4	
10	11:00	Spring	0.4	
11	17:13	Spring	0.4	
12	18:15	Spring	0.4	
13	10:30	Spring	0.4	
14	13:15	Spring	0.6	
15	18:26	Spring	0.6	
16	13:08	Spring	0.6	
17	17:29	Spring	0.4	
18	17:49	Spring	0.4	
19	15:12	Spring	0.4	
20	13:30	Spring	0.4	
21	09:05	Spring	0.4	
22	16:19	Spring	0.4	
23	10:05	Spring	0.4	
24	07:49	Spring	0.3	
25	07:08	Spring	0.3	
26	07:55	Spring	0.5	
27	09:00	Spring	0.6	
28	16:53	Spring	0.6	
29	09:45	Spring	0.4	
30	10:00	Spring	0.4	
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: Mary L Howell

Signature: Mary L. Howell

Date: 05/05/2022

Title: DTCC

Phone #: (503) 255-1619

Operator Certification #: D-142

OR

Small Groundwater System ☐

March 8, 2019