

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

System Name Canby Regency

PWS ID# 41 00163

Month/Year July June 2022

Treatment Room  
Minimum Residual: 0.3 mg/L



Date	Time	Source(s) in use	Free chlorine residual at treatment room (mg/L)	Notes
1	08:30	Spring	0.4	
2	07:27	Spring	0.4	
3	06:40	Spring	0.4	
4	13:43	Spring	0.4	
5	10:41	Spring	0.4	
6	16:51	Spring	0.4	
7	18:50	Spring	0.4	
8	22:22	Spring	0.4	
9	07:00	Spring	0.4	
10	20:41	Spring	0.8	
11	13:09	Spring	0.6	
12	15:09	Spring	0.6	
13	18:42	Spring	0.6	
14	18:51	Spring	0.4	
15	10:45	Spring	0.5	
16	06:45	Spring	0.4	
17	07:27	Spring	0.4	
18	09:53	Spring	0.5	
19	09:35	Spring	0.5	
20	20:31	Spring	0.6	
21	20:23	Spring	0.6	
22	20:48	Spring	0.5	
23	20:35	Spring	0.5	
24	20:10	Spring	0.5	
25	15:57	Spring	0.5	
26	15:24	Spring	0.6	
27	20:19	Spring	0.6	
28	14:30	Spring	0.5	
29	10:04	Spring	0.5	
30	20:07	Spring	0.5	
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

Title: DRC

Signature: Mary L Howell

Phone #: (503) 255-1619

Date: 1

Operator Certification #: D-142

OR

Small Groundwater System ☐