State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name Canby Regency PWS ID# 4 1 00163

Month/Year August / 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	08:55	Spring	0.5	
2	07:29	Spring	0.5	
3	08:36	Spring	0.4	
4	23:18	Spring	0.4	
5	17:12	Spring	0.4	
6	07:32	Spring	0.5	
7	11:17	Spring	0.4	
8	12:43	Spring	0.4	
9	14:37	Spring	0.4	
10	20:51	Spring	0.6	
11	18:32	Spring	0.5	
12	07:28	Spring	0.6	
13	21:20	Spring	0.6	
14	10:42	Spring	0.6	
15	17:12	Spring	0.5	
16	19:47	Spring	0.5	
17	18:00	Spring	0.4	
18	15:13	Spring	0.4	
19	21:08	Spring	0.6	
20	07:23	Spring	0.6	
21	09:28	Spring	0.5	
22	21:30	Spring	0.5	
23	14:52	Spring	0.5	
24	14:00	Spring	0.5	
25	16:32	Spring	0.6	
26	09:00	Spring	0.8	
27	08:16	Spring	.0.4	
28	07:59	Spring	0.5	
29	19:00	Spring	0.5	
30	21:32	Spring	0.5	
31	18:00	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: Title: Operator Certification #:

Signature: _____ Phone #: ( ) OR

Date: / / Small Groundwater System ☐

March 8, 2019