



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

System Name: Canby Regency			PWS ID# 4 1 00163	
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	08:43	Spring	0.6	
2	08:24	Spring	0.6	
3	12:07	Spring	0.6	
4	08:28	Spring	0.6	
5	08:05	Spring	0.6	
6	08:34	Spring	0.6	
7	09:01	Spring	0.6	
8	10:00	Spring	0.6	
9	15:45	Spring	0.6	
10	11:44	Spring	0.6	
11	09:47	Spring	0.6	
12	11:32	Spring	0.6	
13	08:58	Spring	0.6	
14	10:55	Spring	0.6	
15	07:49	Spring	0.6	
16	16:23	Spring	0.6	
17	18:56	Spring	0.6	
18	11:06	Spring	0.6	
19	07:43	Spring	0.6	
20	20:16	Spring	0.6	
21	07:38	Spring	0.8	
22	09:04	Spring	0.9	
23	14:00	Spring	0.6	
24	21:25	Spring	0.6	
25	15:12	Spring	0.6	
26	20:08	Spring	0.6	
27	11:25	Spring	0.6	
28	07:30	Spring	0.8	
29	08:18	Spring	0.8	
30	13:58	Spring	0.8	
31	-----	Spring	-----	

Were the chloring residuals at the treatment room ever less than the required minimum residual of .3mg/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 residuals at treatment room every four hours until the residual returned to .3mg/L as required?

☐ Yes ☐ No

Attach those results and submit them with this form.

Printed Name: _____ Signature: _____ Date: / /	Title: _____ Phone #:() _____	Operator Certification # OR Small Ground Water System
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