


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

System Name: Canby Regency			PWS ID# 4 1 00163	
Treatment Room				
Month/Year: November / 2022		Minimum Residual: 0.3 Mg/L		

Date	Time	Source(s) in use	Free chlorine Residual at treatment room (mg/L)	Notes
1	10:56	Spring	0.5	
2	10:48	Spring	0.6	
3	08:42	Spring	0.5	
4	09:42	Spring	0.5	
5	10:36	Spring	0.5	
6	09:09	Spring	0.4	
7	11:00	Spring	0.4	
8	07:06	Spring	0.4	
9	08:13	Spring	0.6	
10	12:24	Spring	0.6	
11	14:50	Spring	0.6	
12	20:41	Spring	0.6	
13	17:42	Spring	0.6	
14	11:01	Spring	0.5	
15	07:27	Spring	0.5	
16	09:59	Spring	0.7	
17	07:16	Spring	0.7	
18	08:16	Spring	0.6	
19	13:32	Spring	0.6	
20	15:09	Spring	0.6	
21	08:41	Spring	0.6	
22	09:09	Spring	0.6	
23	12:32	Spring	0.6	
24	09:25	Spring	0.6	
25	08:03	Spring	0.4	
26	09:49	Spring	0.4	
27	14:53	Spring	0.4	
28	15:00	Spring	0.4	
29	09:08	Spring	0.6	
30	07:12	Spring	0.6	
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: Mary L Howell Signature: <i>Mary L. Howell</i> Date: 12/01/2022	Title: DCC Phone #: (503) 255-1619
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Operator Certification # OR D-142 Small Ground Water System
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