

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

System Name: Canby Regency December / 2022 Month/Year: /			PWS ID# 4 1 00163 Treatment Room Minimum Residual: 0.3 Mg/L	
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#	Time	Source(s) in use	Free chlorine Residual at treatment room (mg/L)	Notes
1	12:35	Spring	0.6	
2	08:20	Spring	0.6	
3	11:38	Spring	0.4	
4	13:17	Spring	0.4	
5	09:10	Spring	0.4	
6	10:18	Spring	0.4	
7	17:21	Spring	0.5	
8	09:11	Spring	0.6	
9	17:30	Spring	0.6	
10	10:30	Spring	0.4	
11	14:06	Spring	0.4	
12	15:12	Spring	0.6	
13	09:00	Spring	0.6	
14	08:23	Spring	0.6	
15	07:25	Spring	0.6	
16	10:00	Spring	0.6	
17	10:57	Spring	0.6	
18	13:44	Spring	0.6	
19	16:00	Spring	0.6	
20	15:05	Spring	0.6	
21	10:30	Spring	0.6	
22	09:03	Spring	0.8	
23	10:01	Spring	0.8	
24	11:55	Spring	0.8	
25	12:37	Spring	0.8	
26	10:05	Spring	0.6	
27	06:19	Spring	0.4	
28	09:47	Spring	0.4	
29	08:18	Spring	0.7	
30	14:58	Spring	0.6	
31	09:29	Spring	0.6	

  

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 Title: DRC Signature: <i>Mary L Howell</i> Phone #: (503) 255-1619 Date: 1/10/23	Operator Certification # OR D-142 Small Ground Water System
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