

**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/2023

Minimum Residual: 0.3 Mg/L



	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	09:15	Spring	0.6	7.73	
2	07:12	Spring	0.6	7.81	
3	08:10	Spring	0.6	7.82	
4	10:02	Spring	0.6	7.86	
5	15:00	Spring	0.6	7.90	
6	13:36	Spring	0.6	7.87	
7	08:00	Spring	0.6	7.88	
8	10:44	Spring	0.6	7.88	
9	11:31	Spring	0.6	7.87	
10	13:30	Spring	0.8	7.92	
11	08:42	Spring	0.6	7.95	
12	16:24	Spring	0.6	7.95	
13	07:58	Spring	0.6	7.91	
14	12:05	Spring	0.6	7.84	
15	09:53	Spring	0.6	7.89	
16	10:55	Spring	0.6	7.83	
17	08:00	Spring	0.6	7.74	
18	09:21	Spring	0.6	7.97	
19	03:00	Spring	0.6	7.78	
20	12:05	Spring	0.6	7.76	
21	12:18	Spring	0.6	7.72	
22	08:10	Spring	0.6	7.73	
23	08:41	Spring	0.6	7.78	
24	10:14	Spring	0.6	7.85	
25	14:10	Spring	0.6	7.79	
26	14:15	Spring	0.6	7.84	
27	16:44	Spring	0.6	7.85	
28	09:35	Spring	0.6	7.84	
29	12:30	Spring	0.8	7.86	
30	09:08	Spring	0.6	7.74	
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 Title: DRC

Signature: *Mary L Howell* Phone #: ()

Date: 02 / 01 / 2024 503 259-1669

Operator Certification #

OR

Small Ground Water System

D-142