

**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: March / 2024

Minimum Residual: 0.3 Mg/L



	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	15:50	Spring	0.8	8.03	
2	09:07	Spring	0.8	8.02	
3	10:00	Spring	0.8	8.05	
4	11:30	Spring	0.8	80.2	- Confirmed typo, actual value 8.02 -MK
5	11:30	Spring	0.8	8.04	
6	09:30	Spring	0.8	8.06	
7	07:49	Spring	0.8	6.9	
8	08:34	Spring	0.8	6.08	
9	15:14	Spring	0.8	7.01	
10	14:11	Spring	0.8	7.02	
11	16:31	Spring	0.8	7.6	
12	15:57	Spring	0.8	7.5	
13	07:31	Spring	0.4	7.5	
14	07:44	Spring	0.4	7.6	
15	09:28	Spring	0.4	7.6	
16	15:00	Spring	0.8	7.4	
17	14:49	Spring	0.8	7.3	
18	17:34	Spring	0.8	7.4	
19	18:00	Spring	0.8	7.4	
20	07:29	Spring	0.8	7.6	
21	07:53	Spring	0.8	7.6	
22	15:35	Spring	0.8	7.4	
23	11:42	Spring	0.8	7.4	
24	15:30	Spring	0.8	7.4	
25	08:29	Spring	0.8	7.6	
26	09:48	Spring	0.8	7.5	
27	10:257	Spring	0.8	7.2	
28	10:25	Spring	0.8	7.0	
29	09:30	Spring	0.8	7.0	
30	13:49	Spring	0.8	7.2	
31	17:33	Spring	0.8	7.4	---

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: 04 / 09 / 2024 503-255-1619

Operator Certification #  
 OR D-142  
 Small Ground Water System