

**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: May / 2024

Minimum Residual:



0.5 Mg/L

	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	08:32	Spring	0.8	7.5	
2	07:27	Spring	0.8	7.3	
3	09:10	Spring	0.6	7.3	
4	11:35	Spring	0.6	7.2	
5	15:55	Spring	0.6	7.3	
6	15:20	Spring	0.6	7.3	
7	17:00	Spring	0.6	7.3	
8	06:43	Spring	0.6	7.3	
9	06:23	Spring	0.6	7.2	
10	16:35	Spring	0.6	7.3	
11	08:05	Spring	0.6	7.4	
12	18:07	Spring	0.6	7.3	
13	08:39	Spring	0.6	7.4	
14	07:53	Spring	0.8	7.5	
15	08:57	Spring	0.6	7.1	
16	09:06	Spring	0.6	7.0	
17	10:42	Spring	0.6	7.0	
18	13:22	Spring	0.6	6.9	
19	11:40	Spring	0.6	6.9	
20	09:28	Spring	0.6	7.1	
21	07:49	Spring	0.6	7.3	
22	07:31	Spring	0.6	7.3	
23	09:07	Spring	0.6	7.3	
24	06:14	Spring	0.6	7.1	
25	09:10	Spring	0.6	7.2	
26	11:08	Spring	0.6	7.2	
27	09:46	Spring	0.6	7.2	
28	07:51	Spring	0.6	6.9	
29	07:08	Spring	0.6	7.0	
30	07:50	Spring	0.6	7.0	
31	09:15	Spring	0.6	6.9	---

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: 06/07/2024 (503) 255-1619

Operator Certification # D-142  
 OR  
 Small Ground Water System