

**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: July / 2024

Minimum Residual: 0.3 Mg/L



	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	13:51	Spring	0.6	6.97	
2	08:13	Spring	0.6	6.81	
3	10:00	Spring	0.6	6.91	
4	09:50	Spring	0.6	6.97	
5	10:14	Spring	0.6	6.83	
6	15:45	Spring	0.6		
7	09:02	Spring	0.6		
8	09:30	Spring	0.6	6.75	
9	07:57	Spring	0.6	6.789	
10	09:07	Spring	0.6	6.58	
11	18:26	Spring	0.6	6.71	
12	20:57	Spring	0.6	6.61	
13	09:00	Spring	0.6		
14	10:01	Spring	0.6		
15	17:40	Spring	0.6	6.81	
16	09:46	Spring	0.6	6.61	
17	08:01	Spring	0.4	6.81	
18	08:37	Spring	0.4	6.81	
19	10:35	Spring	0.4	6.72	
20	10:00	Spring	0.4		
21	13:58	Spring	0.6		
22	18:03	Spring	0.6	6.78	
23	17:00	Spring	0.6	6.69	
24	06:03	Spring	0.6	6.68	
25	08:13	Spring	0.8	6.87	
26	09:26	Spring	0.6	6.82	
27	11:47	Spring	0.6		
28	16:27	Spring	0.6		
29	20:08	Spring	0.6	6.87	
30	17:27	Spring	0.6	6.65	
31	18:43	Spring	0.4	6.52	---

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: 08/08/2024 503 255-1619

Operator Certification #  
 OR D-142  
 Small Ground Water System