

**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: August/ 2024

Minimum Residual:

0.3 Mg/L

	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Distribution Room	Notes
1	07:23	Spring	0.2	6.69		
2	16:25	Spring	0.6	6.73		
3	12:07	Spring	0.6			
4	11:50	Spring	0.6			
5	08:35	Spring	0.6	6.53		
6	14:00	Spring	0.6	6.62		
7	07:37	Spring	0.4	6.45		
8	07:15	Spring	0.4	6.71		
9	15:40	Spring	0.6	6.64		
10	11:22	Spring	0.6			
11	07:55	Spring	0.6			
12	15:45	Spring	0.6	6.46		
13	07:47	Spring	0.4	6.71		
14	07:48	Spring	0.4	6.46		
15	09:21	Spring	0.6	6.49		
16	20:00	Spring	0.6	6.53		
17	09:30	Spring	0.6			
18	16:10	Spring	0.4			
19	08:00	Spring	0.4	6.53		
20	17:46	Spring	0.6	6.59		
21	14:45	Spring	0.4	6.63		
22	07:23	Spring	0.3	6.63		
23	20:07	Spring	0.4	6.52		
24	09:15	Spring	0.4			
25	16:35	Spring	0.4			
26	09:00	Spring	0.6	6.59		
27	08:55	Spring	0.4	6.62		
28	07:00	Spring	0.6	6.38		
29	07:47	Spring	0.6	6.51		
30	15:15	Spring	0.4	6.47		
31	09:17	Spring	0.4			---

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.

	<p>Printed Name:</p> <p>Title:</p> <p>Signature: <i>May L. Howell</i></p> <p>Phone #:(<i>503-255-1619</i></p> <p>Date: <i>09/13/24</i></p>	<p>Operator Certification</p> <p>#</p> <p>OR</p> <p>Small Ground Water</p> <p>System</p>
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