

**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: September / 2024

Minimum Residual: 0.3 Mg/L



	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	16:00	Spring	0.4		
2	15:00	Spring	0.4	6.68	
3	17:00	Spring	0.4	6.78	
4	08:16	Spring	0.4	6.53	
5	07:08	Spring	0.6	6.69	
6	08:17	Spring	0.6	6.58	
7	11:15	Spring	0.6		
8	15:05	Spring	0.6		
9	19:52	Spring	0.6	6.51	
10	18:00	Spring	0.6	6.55	
11	09:00	Spring	0.6	6.48	
12	07:08	Spring	0.6	6.63	
13	15:45	Spring	0.6		
14	09:25	Spring	0.6		
15	16:49	Spring	0.6		
16	16:53	Spring	0.6		
17	16:45	Spring	0.4	6.78	
18	07:13	Spring	0.6	6.71	
19	10:33	Spring	0.6	6.72	
20	17:47	Spring	0.6	6.67	
21	14:09	Spring	0.6		
22	17:11	Spring	0.8		
23	08:47	Spring	0.8	6.71	
24	08:15	Spring	0.8	6.56	
25	10:46	Spring	0.6	6.48	
26	08:34	Spring	0.6	6.62	
27	16:53	Spring	0.6	6.59	
28	15:45	Spring	0.6		
29	14:25	Spring	0.6		
30	16:48	Spring	0.6	6.71	
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: _____ Title: DEC
 Signature: *Mary L Howell* Phone #: () _____
 Date: 10/10/2023 503 255-1619

Operator Certification #
 OR D-142
 Small Ground Water System