

**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: October / 2024			Minimum Residual:  0.3 mg/L		

  

	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	09:51	Spring	0.6	6.63	
2	08:21	Spring	0.6	6.58	
3	11:12	Spring	0.6	6.65	
4	13:11	Spring	0.6	6.59	
5	14:35	Spring	0.6		
6	16:20	Spring	0.6		
7	09:27	Spring	0.6	6.69	
8	09:58	Spring	0.6	6.81	
9	08:37	Spring	0.6	6.64	
10	09:44	Spring	0.6	6.74	
11	08:30	Spring	0.6	6.81	
12	09:42	Spring	0.6		
13	07:07	Spring	0.6		
14	08:10	Spring	0.6	6.81	
15	16:30	Spring	0.6	6.78	
16	20:24	Spring	0.6	6.62	
17	09:28	Spring	0.6	6.47	
18	08:32	Spring	0.6	6.59	
19	13:38	Spring	0.6		
20	12:52	Spring	0.6		
21	09:37	Spring	0.6	6.63	
22	07:28	Spring	0.6	6.57	
23	11:18	Spring	0.6	6.65	
24	19:39	Spring	0.6	6.57	
25	13:47	Spring	0.6	6.63	
26	09:55	Spring	0.8	6.56	
27	14:04	Spring	0.8		
28	08:21	Spring	0.8	6.67	
29	16:25	Spring	0.8	6.56	
30	12:17	Spring	0.8	6.48	
31	10:53	Spring	0.6	6.35	---

  

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: _____ Signature:  (Phone #: ( ) _____) Date: 11/1/	Operator Certification # _____  OR Small Ground Water System
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