

**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:, November / 2024			Minimum Residual: 0.5 mg/L		

	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	08:30	Spring	0.8	6.53	
2	12:00	Spring	0.8		
3	15:57	Spring	0.8		
4	17:55	Spring	0.6	6.61	
5	10:17	Spring	0.6	6.56	
6	10:25	Spring	0.6	6.43	
7	09:49	Spring	0.8	6.68	
8	07:55	Spring	0.8	6.43	
9	09:15	Spring	0.8		
10	14:15	Spring	0.8		
11	08:38	Spring	0.8	6.53	
12	12:00	Spring	0.8	6.61	
13	14:10	Spring	0.8	6.43	
14	08:41	Spring	0.5	6.52	
15	08:47	Spring	0.8	6.55	
16	12:59	Spring	0.6		
17	12:27	Spring	0.6		
18	12:13	Spring	0.6	6.72	
19	09:22	Spring	0.8	6.67	
20	11:20	Spring	0.8	6.52	
21	12:30	Spring	0.8	6.68	
22	10:25	Spring	0.8		
23	09:32	Spring	0.8		
24	14:22	Spring	0.6	6.78	
25	18:11	Spring	0.6	6.59	
26	12:45	Spring	0.6	6.75	
27	16:54	Spring	0.6	6.71	
28	12:15	Spring	0.6	6.83	
29	09:24	Spring	0.8		
30	09:27	Spring	0.8		
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: <u>Mary L. Howard</u> Title: _____ Signature: _____ Phone #: () _____ Date: <u>11/11</u>	Operator Certification # _____ OR Small Ground Water System
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