

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: March / 2025

Minimum Residual:

0.3 Mg/L

	Time	Source(s) in use	Free chlorine Residual (mg/L)	pH	Notes
1	08:19	Spring	0.6	6.46	
2	10:56	Spring	0.6	6.42	
3	16:00	Spring	0.6	6.46	
4	14:30	Spring	0.6	6.50	
5	09:05	Spring	0.6	6.51	
6	08:49	Spring	0.6	6.49	
7	15:57	Spring	0.6	6.53	
8	10:43	Spring	0.6	6.46	
9	11:29	Spring	0.6	6.55	
10	18:41	Spring	0.6	6.57	
11	13:27	Spring	0.6	6.52	
12	08:26	Spring	0.6	6.51	
13	12:11	Spring	0.8	6.49	
14	18:13	Spring	0.6	6.44	
15	15:2	Spring	0.6	6.44	
16	14:31	Spring	0.6	6.52	
17	13:09	Spring	0.6	6.51	
18	17:35	Spring	0.6	6.50	
19	0812	Spring	0.6	6.47	
20	08:09	Spring	0.6	6.49	
21	15:00	Spring	0.6	6.51	
22	22:00	Spring	0.6	6.50	
23	13:47	Spring	0.6	6.42	
24	15:57	Spring	0.6	6.41	
25	19:34	Spring	0.6	6.51	
26	09:38	Spring	0.6	6.46	
27	18:15	Spring	0.6	6.48	
28	18:59	Spring	0.6	6.44	
29	08:26	Spring	0.6	6.44	
30	12:28	Spring	0.6	6.46	
31	18:24	Spring	0.6	6.45	---

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: Phillip Merrill

Title: DRC

Signature: Phillip Merrill Phone #: 503-734-7400

Date: 4-10-2025 /

Operator Certification #

D-08670

OR

Small Ground Water System