

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name Canby Regency

PWS ID# 4 1 00163

Month/Year May 2025

Entry Point: Treatment room

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		spring	0.6	
2		spring	0.6	
3		spring	0.6	
4		spring	0.6	
5		spring	0.6	
6		spring	0.6	
7		spring	0.6	
8		spring	0.6	
9		spring	0.6	
10		Spring	0.6	
11		spring	0.6	
12		spring	0.6	
13		spring	0.6	
14		spring	0.6	
15		spring	0.6	
16		spring	0.6	
17		spring	0.6	
18		spring	0.6	
19		spring	0.6	
20		spring	0.6	
21		spring	0.6	
22		spring	0.6	
23		spring	0.6	
24		spring	0.6	
25		spring	0.6	
26		spring	0.6	
27		spring	0.6	
28		spring	0.2	
29		spring	0.0	Chlorine line broke/ Chlor in dis 0.4
30		spring	0.6	Chlorine line repaired
31		spring	0.6	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? xx Yes ☒ No

If yes, what was the longest time period until the required level was restored? 2 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 every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Phillip Merrill

Title: DRC

Operator Certification #: T 008670

Signature: 

Phone #: (503)734-7400

OR

Date: 6-6-2025

Small Groundwater System ☐

**Return by 10<sup>th</sup> of following month by either email [dwpcdmce@odhsoha.oregon.gov](mailto:dwpcdmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**

August 22, 2019