

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

System Name Regency of Oregon, Inc./Canby Regency MHP

PWS ID# 4 1 4 1 00163



Month/Year July 2025

Entry Point: Treatment Room

Required Minimum Residual 0.3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	09:00	Spring	0.6	
2	09:56	" "	0.4	
3	10:36	" "	0.4	
4	11:22	" "	0.4	
5	09:45	" "	0.8	
6	08:51	" "	0.8	
7	17:42	" "	0.8	
8	16:05	" "	0.8	
9	05:48	" "	0.8	
10	06:48	" "	0.8	
11	11:36	" "	0.8	
12	08:00	" "	0.6	
13	14:28	" "	0.6	
14	09:14	" "	0.5	
15	07:54	" "	0.6	
16	09:00	" "	0.6	
17		" "	0.6	
18	07:34	" "	0.6	
19	08:16	" "	0.6	
20	18:07	" "	0.6	
21	11:12	" "	0.6	
22		" "	0.6	
23	06:45	" "	0.6	
24	06:00	" "	0.6	
25	09:00	" "	0.6	
26	11:00	" "	0.6	
27	13:10	" "	0.6	
28	15:10	" "	0.6	
29	12:38	" "	0.6	
30	07:15	" "	0.6	
31	07:33	--	0.6	

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

If yes, what was the longest 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 every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

Printed Name: Phillip Merrill

Title: DRC

Operator Certification #: T008670

Signature: 

Phone #: (503)734-7400

OR

Date: 8 /10 / 2025

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019