

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

System Name: Canby Regency				PWS ID# 4100163
Month/Year - October/2025		Treatment Room Minimum Residual: 0.3 Mg/L 		
Date	Time	Source(s) in use	Free chlorine Residual at treatment room (mg/L)	Notes
1	18:49	Spring	0.6	
2	10:19	Spring	0.6	
3	09:11	Spring	0.6	
4	17:10	Spring	0.6	
5	18:36	Spring	0.6	
6	13:35	Spring	0.6	
7	14:43	Spring	0.6	
8	10:25	Spring	0.8	
9	10:03	Spring	0.8	
10	09:09	Spring	0.8	
11	08:27	Spring	0.8	
12	17:05	Spring	0.8	
13	19:00	Spring	0.8	
14	15:15	Spring	0.8	
15	09:15	Spring	0.8	
16	08:10	Spring	0.8	
17	18:24	Spring	0.8	
18	10:02	Spring	0.8	
19	13:39	Spring	0.8	
20	16:53	Spring	0.6	
21	14:53	Spring	0.6	
22	11:35	Spring	0.6	
23	11:02	Spring	0.6	
24	07:18	Spring	0.6	
25	11:09	Spring	0.6	
26	21:00	Spring	0.6	
27	17:01	Spring	0.6	
28	18:14	Spring	0.6	
29	11:59	Spring	0.8	
30	08:10	Spring	0.8	
31	17:20	Spring	0.8	
<p>Were the chlorine residuals at the treatment room ever less than the required minimum residual of .3mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>				
GWS Serving 3,300 or Fewer				
<p>If yes, did you monitor chlorine residuals at treatment room every four hours until the residual returned to .3mg/L as required?</p> <p><input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form. Phillip Merrill</p>				
Printed Name: <u>Phillip Merrill</u> Title:DRC Signature: <u>Phillip Merrill</u> Phone # 5037347400 Date: 11/10/2025				Operator Certification # T008670