

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

System Name      Regency of Oregon, Inc./Canby Regency MHP			PWS ID# 41 41 00163	
Month/Year      11/2025		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	14:11	Spring	0.6	
2	16:20	" "	0.6	
3	10:54	" "	0.6	
4	09:10	" "	0.6	
5	08:38	" "	0.6	
6	09:08	" "	0.6	
7	09:07	" "	0.6	
8	17:52	" "	0.6	
9	16:08	" "	0.6	
10	09:19	" "	0.6	
11	16:10	" "	0.6	
12	09:34	" "	0.6	
13	11:05	" "	0.6	
14	10:17	" "	0.6	
15	18:04	" "	0.6	
16	16:58	" "	0.6	
17	15:53	" "	0.6	
18	15:25	" "	0.6	
19	08:17	" "	0.6	
20	08:49	" "	0.6	
21	14:36	" "	0.6	
22	15:12	" "	0.6	
23	10:12	" "	0.6	
24	13:12	" "	0.6	
25	15:02	" "	0.6	
26	10:46	" "	0.6	
27	10:58	" "	0.6	
28	16:49	" "	0.6	
29	10:52	" "	0.6	
30	15:00	" "	0.6	
31	--	--	--	
<p>Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the longest time period until the required level was restored? _____ hours – If &gt; 4 hours, Drinking Water Program to be notified by end of next business day.</p>				
<b>GWS Serving 3,300 or Fewer</b>				
<p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>				
Printed Name: Phillip Merrill Signature:  Date: 12 / 10 / 2025		Title: DRC Phone #: ( ) 503 734 7400	Operator Certification #: T008670 OR Small Groundwater System <input type="checkbox"/>	

*Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto: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