

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     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	--	--	--	

Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L?    ☐ Yes    ☒ No

If yes, what was the longest time period until the required level was restored?  
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

**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 #:    (     )

OR

Date:    12   /   10   / 2025

503 734 7400

Small Groundwater System ☐

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