

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

System Name: Canby Regency

PWS ID# 4100163

Month/Year: January 2024

Treatment Room  
Minimum Residual: 0.3 Mg/L



Date	Time	Source(s) in use	Free chlorine Residual at treatment room (mg/L)	Notes
1	NR	Spring	0.6	
2	08:28	Spring	0.6	
3	11:05	Spring	0.6	
4	14:28	Spring	0.6	
5	15:08	Spring	0.6	
6	09:50	Spring	0.6	
7	10:42	Spring	0.6	
8	08:13	Spring	0.6	
9	14:56	Spring	0.6	
10	09:35	Spring	0.6	
11	14:08	Spring	0.6	
12	14:00	Spring	0.6	
13	11:04	Spring	0.6	
14	12:00	Spring	0.6	
15	11:12	Spring	0.6	
16	15:50	Spring	0.6	
17	16:35	Spring	0.6	
18	18:08	Spring	0.6	
19	15:35	Spring	0.6	
20	18:00	Spring	0.6	
21	09:28	Spring	0.8	
22	10:52	Spring	0.8	
23	10:33	Spring	0.8	
24	17:29	Spring	0.6	
25	16:35	Spring	0.6	
26	18:04	Spring	0.6	
27	15:00	Spring	0.6	
28	09:11	Spring	0.6	
29	10:50	Spring	0.6	
30	16:03	Spring	0.6	
31	08:11	Spring	0.6	

Were the chloring residuals at the treatment room ever less than the required minimum residual of .3mg/L?  Yes  No  
 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.

### GWS Serving 3,300 or Fewer

If yes, did you monitor chlorine residuals at treatment room every four hours until the residual returned to .3mg/L as required?  
 Yes  No

Attach those results and submit them with this form.