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

System Name Carmel Beach Water District PWS ID# 4 1 00565

Month/Year 5/2024 Entry Point: Sink Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:00		1.24	
2	7:00		1.40	Corrected free chlorine value
3	7:00		1.16	
4	7:00		1.08	
5	7:00		1.10	
6	7:00		1.01	
7	7:00		1.11	
8	7:00		1.25	
9	7:00		1.32	
10	7:00		1.47	
11	7:00		1.48	
12	7:00		1.51	
13	7:00		1.54	
14	7:00		1.56	
15	7:00		1.73	
16	7:00		1.73	
17	7:00		1.89	
18	7:00		1.89	
19	7:00		1.84	
20	7:00		1.78	
21	7:00		1.77	
22	7:00		1.75	
23	7:00		1.73	
24	7:00		1.70	

State of Oregon Drinking Water Program

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25	7:00			1.60						
26	7:00			1.53						
27	7:00	)		1.50						
28	7:00			1.45						
29	7:00			1.42						
30	7:00			1.39						
31	7:00			1.37						
Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes  If yes, what was the longest time period until the required level was restored?  No										
GWS Serving 3,300 or Fewer			GWS Serving More Than 3,300							
If yes, did you monitor every four hours until the residual returned to			Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring equipment failed:					
mg/L? ☐ Yes ☐ No  Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No  Attach grab sample results and submit them with this form.			/ / Date it was returned to service:				
Printed Name:Kim Vertner Signature:			Title: President		Operator Certification #: 33-061-0228					
			Phone #: 971.716.5372		OR					

Small Groundwater System

Date: 6/2/2024