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		.14	
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

Jonthly Disinfection Report for Ground Water System

	•	Widning Di	sinfection Report for Ground Wa	iter Systems
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	
If yes	s, what was th	e longest time period u	ntil the required level was restored? ho	ves No urs
If yes If yes until t mg/L Attac	S Serving s, did you more the residual reserving?	3,300 or Fewer nitor every four hours	ntil the required level was restored? ho	More Than 3,300 If any time this any time this equipment failed: Our hours until returned to service:

Small Groundwater System

Date: 6/2/2024