

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

System Name Applewood mnp PWS ID# 41 00840
 Month/Year 02/2021 Entry Point: Well House Required Minimum Residual mg/L .80

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:07 PM	Well house	.49	Boil water notice
2	10:19 AM	" "	.50	
3	8:54 PM	" "	.85	3 cups fired Tom
4	9:00 AM	" "	.41	
5	9:00 AM	" "	.51 / .85	3 cups
6	8:00 AM	" "	.69 / .87	10 cups
7	8:30 AM	" "	.80	
8	8:15 AM	" "	.97	
9	11:40 AM	8651 #15	.82	ALG read / meter bad
10	8:15 AM	Well house	.78 / .89	2 cups
11	4:30 AM	" "	.76 / .86	2 cups
12	8:30 AM	" "	.70 / 1.10	10 cups
13	9:10 AM	" "	.88	
14	10:00 AM	" "	.84	new meter (chlorine)
15	8:00 AM	" "	.74 / .82	4 cups
16	8:00 AM	" "	.77 / .87	2 cups
17	1:50 PM	" "	.80 / 1.31	2 cups
18	2:45 PM	" "	1.08	
19	8:40 AM	" "	.85	
20	9:50 AM	" "	.79 / .79 / .84	2 cups
21	8:54 AM	" "	.95	
22	9:00 AM	" "	.75 / .70	2 cups am / 3 cups pm
23	9:00 AM	" "	.81	
24	9:20 AM	" "	.81	
25	9:13 AM	" "	.76 /	1 cup
26	10:30 AM	" "	.88 /	new tank installed
27	9:30 AM	" "	.81 / .84	1 cup
28	9:30 AM	" "	.81	1.5 cups
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of mg/L? ☒ Yes ☐ No
 If yes, what was the longest 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 every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach those results and submit them with this form. <u>on bore water notice</u>	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: <u>01/31/21</u> Date it was returned to service: <u>2/4/21</u>
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Printed Name: Bena Rein King Title: owner
 Signature: Bena Rein King Phone #: (541) 915-2884
 Date: 1/1 Operator Certification #: _____
 OR
 Small Groundwater System ☐

Return by 10th of following month by either email dlw.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019