

System Name Applewood MHP

PWS ID# 41 00840

Month/Year 05/ 2021Entry Point: Well House

Required Minimum Residual mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1:15 pm	Well House	.77	raised pump to 5
2	10:00 am	"	1.39	dropped pump to 4 1/2
3	9:15 am	"	.02 / 1.03	injector tube repaired
4	11:00 am	"	1.19	
5	9:30 am	#10 Location only	.96	(out sick)
6	10:15 am	Well House	.80	Adjusted pump to 6
7	10:30 am	"	1.15	
8	9:30 am	#10 Location only	1.23	(out sick)
9	12:00 am	Well House	1.41	Adjusted pump down to 5
10	9:20 am	"	.88	
11	10:00 am	#10 Location only	1.05 1.05	(out sick)
12	11:30 am	Well House	1.31	
13	12:30 am	"	1.12	
14	12:30 pm	"	1.00	
15	6:30 pm	"	1.24	
16	10:45 pm	"	.86	Adjusted pump to 6
17	12:30 pm	"	1.33	" " " 5 1/2
18	12:30 pm	"	1.22	
19	11:30 am	#10 Location only	1.24	(out sick)
20	12:30 pm	Well House	1.15	
21	6:10 pm	"	.97	
22	7:00 pm	"	1.15	
23	6:00 pm	"	1.04	
24	6:00 pm	"	.89	
25	5:15 pm	"	1.07	
26	3:30 pm	"	.94	
27	12:30 pm	"	.86	
28	4:15 pm	"	1.09	
29	9:30 am	#10 Location only	1.20	(out sick)
30	3:15 pm	Well House	1.33	Added water to left c.t. Tank
31	6:00 pm	"	1.09	

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? ☐ Yes ☐ No
Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

Date continuous monitoring equipment failed:

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Date it was returned to service:

Attach grab sample results and submit them with this form.

Printed Name: Drew ArsenauxTitle: Water TesterSignature: Drew ArsenauxPhone #: (541) 505-2538Date: 5/31/2021

Operator Certification #:

OR

Small Groundwater System ☐Return by 10th of following month by either email or