

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

System Name Applewood Mobile Home Park PWS ID# 41 00840
 Month/Year 07/ 2021 Entry Point: 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	7:36 Am	We #1 House	.95	
2	8:40 Am	"	.89	
3	9:30 Am	"	.97	
4	7:30 Am	"	.92	
5	8:30 Am	"	.85	
6	10:30 Am	"	.85	
7	12:15 pm	"	.86	
8	8:40 Am	"	.82	
9	10:00 Am	"	.83	
10	8:30 Am	"	.84	
11	9:20 Am	"	.82	
12	8:10 Am	"	.81	
13	8:15 Am	"	.95	
14	8:30 Am	"	.81	Adjusted pump ↑ to 3 1/4
15	9:20 Am	"	.99	
16	12:30 pm	"	2.68 / 1.56	dropped CL pump back to 3 (even) →
17	8:15 Am	"	.92	
18	7:30 Am	"	1.03	
19	8:00 Am	"	.96	
20	2:15 pm	"	.92	
21	10:45 Am	"	.91	
22	8:30 Am	"	.86	(swapped lid to CL tank #2 to clean)
23	8:00 Am	"	1.27	added water to CL Tank
24	8:30 Am	"	1.18	
25	7:45 Am	"	1.21	
26	11:30 Am	"	1.29	
27	3:00 pm	"	.98	added water to Tank (CL)
28	8:30 Am	"	1.01	
29	8:15 Am	"	1.00	
30	10:30 pm	"	1.11	
31	10:00 Am	"	.91	

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
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /
 Date it was returned to service: / /

Printed Name: Drew Arsenaux
 Signature: Drew Arsenaux
 Date: 7/31/2021

Title: Water Tester
 Phone #: (541) 505-2528

Operator Certification #:
 OR

Small Groundwater System ☒

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

August 22, 2019

NAME

Drew Arseneaux

UPUNCH



Applewood Mobile Home Park

PAYROLL ID



PAY PERIOD



July 2021

DEPARTMENT



JOB



REG

OT1

OT2

PAY RATE 1

PAY RATE 2

GROSS PAY

For more time tracking options, go to TrackMyPunch.com/SignUp. It's free!

	IN	OUT	IN	OUT	IN	OUT
16	12:15 pm					
17	8:15 am					
18	7:30 am					
19	8:00 am					
20	2:00 pm					
21	10:45 am					
22	8:30 am					
23	8:00 am					
24	8:30 am					
25	7:45 am					
26	11:30 am					
27	3:00 pm					
28	8:30 am					
29	8:08:11					
30				8:06:24		
31	8:10:02					

EMPLOYEE SIGNATURE



APPROVED BY



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