

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

System Name Applewood Mobile Home Park
Month/Year 8 / 2021 Entry Point: Well House

PWS ID# 41 00840

Required Minimum Residual 20 mg



Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:20 am	Well House	.89	
2	12:15 am	"	.83	
3	12:15 am	"	.86	
4	12:15 am	"	.83	added 3 cips mix from second CL Tank
5	8:30 am	"	.86	
6	6:30 pm	"	.90	
7	6:15 pm	"	.75	Added 3 cips min from second CL Tank
8	5:15 pm	"	.82	added 2 cips " " "
9	2:00 pm	"	.77	added 6 cips " " "
10	10:00 am	location 10 only	.82	location #10 only
11	11:30 am	Well House	.78	added 6 cips " " "
12	4:30 pm	"	.77	added 8 cips " " "
13	12:30 am	"	.90	added 8 cips " " "
14	4:15 pm	"	.75	
15	4:30 pm	location 10 only	.78	location #10 only
16	10:30 am	Well House	.78	added 8 cips " " "
17	11:30 am	"	.77	adjusted feed to 4 on CL pump
18	11:30 am	"	.95	" " 3 1/2 "
19	6:30 pm	"	.99	adjusted feed of CL pump to 3
20	5:30 pm	"	.71	" " " 3.75 3 cips CL Tank
21	11:00 pm	"	.95	
22	6:15 pm	"	.96	Added 5 gal well water to CL Tank
23	6:30 pm	"	.76	added 3 cips CL from second CL Tank
24	7:00 pm	"	.65	added 4 cips " / adjusted CL pump to 4
25	6:15 pm	"	.82	added 4 cips CL from second tank
26	6:30 pm	"	.85	added 7 cips " "
27	7:00 pm	Location #10 only	.86	added 7 cips " / Adjusted pump to 4 1/4
28	6:15 pm	Well House	.90	
29	9:00 pm	"	.94	added 4 cips CL from 2nd tank + 2 gal water
30	6:00 pm	"	1.01	
31	7:15 pm	"	.86	added 4 cips of CL mix from 2nd Tank

Was the chlorine residual ever less than the required minimum residual of 20 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 Arseneaux

Signature: Drew Arseneaux

Date: 8/30/2021

Title: Water Tester

Phone #: (541) 505-2538

Operator Certification #:

OR

Small Groundwater System ☒

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

August 22, 2019