

**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 11 / 2021

Entry Point: Well House

Required Minimum Residual 40 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:15pm	Well House	.69	Added 10 gallons Well Water + 8 cups chlorine
2	2:15pm	"	.78	2 cups Cl added
3	2:15pm	"	.81	
4	7:00pm	#10 location only	.82	
5	7:30pm	Well House	.80	
6	3:30pm	"	.81	
7	5:15pm	"	.86	
8	9:00pm	"	.99	
9	1:00pm	"	.91	
10	6:00pm	"	.76	added 1 gal H ₂ O + 8 cups of Cl
11	7:15pm	"	.90	
12	5:45pm	"	.72	added 3 cups Cl
13	5:00pm	"	.75	added 3 cups Cl
14	3:30pm	"	.76	added 3 cups Cl
15	5:15pm	"	.73	added 4 cups Cl
16	10:15pm	"	.81	
17	5:15pm	"	.87	
18	7:00pm	location #10 only	.91	
19	9:00am	Well House	.83	
20	4:30pm	"	.83	
21	2:30pm	"	.88	
22	5:00pm	"	.84	
23	6:00pm	"	.81	
24	5:15pm	"	1.06	
25	7:00pm	location #10 only	.80	
26	11:00pm	Well House	.78	added 1 gal water + 12 cups Cl
27	4:15pm	Well House	.66	added 3 cups Cl
28	4:30pm	"	.93	
29	6:00pm	"	.71	added 2 cups Cl
30	6:15pm	"	.74	added 3 cups Cl
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? ☐ 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

Title: Water Tester

Operator Certification #:

Signature: Drew Arseneaux

Phone #: (541) 535-2538

OR

Date: 11/30/2021

Small Groundwater System ☒

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

August 22, 2019