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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 Jan/ 2022 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	2:00pm	Well House	.73	added 25gal H ₂ O, 20 cups CL
2	2:45pm	"	.80	
3	3:45pm	"	.69	
4	6:15pm	"	.59	added 8 cups CL
5	5:15pm	"	.83	
6	5:30pm	"	.83	
7	5:10pm	"	.87	
8	12:15pm	"	.80	
9	5:00pm	"	.67	added 3 cups CL
10	5:15pm	"	.85	
11	5:30pm	"	.74	added 3 cups CL
12	4:30pm	"	.95	
13	5:15pm	"	.84	
14	4:30pm	"	1.25 / .88 at #10	added 5gal H ₂ O to Tank
15	3:45pm	"	.61	added 3 cups CL
16	3:15pm	"	.72	added 3 cups CL added 3 cups CL
17	5:15pm	"	.75	added 2 cups CL
18	5:30pm	"	.88	
19	5:00pm	"	.84	
20	5:15pm	"	1.08	added 2gal H ₂ O to tank
21	5:15pm	"	.80	
22	1:45pm	"	.75	added 1 cup CL
23	5:30pm	"	.82	
24	4:45pm	"	.64	added 2 cups CL
25	5:00pm	"	.91	
26	4:45pm	"	.85	
27	4:45pm	"	1.12	added 2gal H ₂ O to CL tank
28	2:30pm	"	.86	
29	5:15pm	"	.78	
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? ☐ 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

Signature: Drew Arseneaux

Phone #: (511) 505-2538

Date: 1/31/2022

Operator Certification #:

OR

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