

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

System Name Applewood Mobile Home Park
Month/Year 07/ 2022 Entry Point: Well House

PWS ID# 41 00840
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	6:00pm	Loc #10 only	.75	
2	5:30pm	"	.79	
3	5:30pm	Well House	.68	added 18g H ₂ O / 16 cups CL
4	3:30pm	"	1.04	adjusted p/u tube
5	5:00pm	"	.60	" "
6	4:45pm	"	.92	
7	7:00pm	"	.78	
8	6:00pm	"	.74	
9	6:30pm	"	.75	
10	6:15pm	"	.63	adjusted CL pick up tube
11	1:00pm	"	.72	
12	5:30pm	"	.76	
13	5:30pm	"	.71	added 15 gal H ₂ O / 12 cups CL (12)
14	4:15pm	"	.96	adjusted p/u tube
15	5:30pm	"	.83	
16	3:00pm	"	.92	
17	7:15pm	(Loc #10 only)	.86	
18	5:30pm	Well House	.74	adjusted P/u tube
19	5:30pm	"	.90	
20	4:30pm	"	.76	
21	10:00am	Loc #11 / 8651	.77	
22	4:00pm	Well House	.79	
23	9:30pm	(Loc #10 only)	.67	
24	5:45pm	Well House	.74	added 15 gal H ₂ O / 11 cups CL
25	5:30pm	"	.62	adjusted pick-up tube
26	4:45pm	"	.69	" "
27	6:30pm	"	.63	added 1/2 cup CL
28	5:00pm	"	.61	adjusted P/u tube
29	5:30pm	(Loc #10 only)	.67	
30	7:30pm	Well House	.72	
31	4:30pm	"	1.00	adjusted p/u tube

Was the chlorine residual ever less than the required minimum residual of .40mg/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: 7/31/2022

Title: Water Tester

Phone #: (541) 505-2538

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.