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State of Oregon Monthly Disinfection Report for Ground Water Systems

System Name Applewood Mobile Home Park
 Month/Year 10 / 2022 Entry Point: Well House

PWS ID# 41 00840
 Required Minimum Residual 40mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:15pm	Well House	.68	added 2 cups CL
2	2:45pm	"	.67	
3	4:30pm	"	.77	
4	2:30pm	"	.73	added 2 cups CL
5	2:30pm	"	.71	added 2 cups CL
6	2:30pm	"	.87	
7	4:00pm	"	.83	
8	4:00pm	"	.83	
9	8:00pm	loc #10	.80	
10	2:30pm	Well House	.74	
11	2:30pm	"	.77	
12	2:30pm	"	.76	added 1 gal H ₂ O / 12 cups CL
13	3:45pm	"	.82	
14	3:30pm	"	.57	added 4 cups CL
15	4:30pm	"	.74	
16	4:30pm	"	.62	added 3 cups CL
17	2:30pm	"	.80	
18	2:30pm	"	.82	
19	2:30pm	"	.81	
20	8:00pm	loc #10	.78	
21	4:45pm	Well House	.74	added 1 cup CL
22	11:30pm	"	.65	added 2 cups CL
23	4:30pm	"	.89	
24	2:30pm	"	.89	
25	2:30pm	"	.82	
26	2:30pm	"	1.01	
27	2:30pm	"	.81	added 1 gal H ₂ O / 8 cups CL
28	4:00pm	"	.57	added 4 cups CL
29	3:00pm	"	.79	
30	7:30pm	loc #10	.63	
31	2:30pm	Well House	.81	

Was the chlorine residual ever less than the required minimum residual of 40 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>40</u> mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Drew Arseneaux Title: Water Tester
 Signature: Drew Arseneaux Phone #: (541) 505-2538
 Date: 10/31/2022 Operator Certification #:
 OR

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 97224