

**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 Mar/ 2023

Entry Point: Well House

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	2:30pm	Well House	.80	
2	2:30pm	"	.78	
3	2:30pm	"	.77	
4	2:30pm	"	.72	added 3 cups CL
5	2:45pm	LOC #10	.76	
6	2:30pm	Well House	.85	
7	2:30pm	"	.83	
8	2:30pm	"	.83	added 5gal H ₂ O / 5 cups CL
9	2:30pm	"	.87	
10	2:30pm	"	.84	
11	3:30pm	"	.86	
12	4:15pm	"	.81	added 10gal H ₂ O / 10 cups CL
13	2:30pm	"	.89	
14	2:30pm	"	.90	
15	2:30pm	"	.86	
16	2:30pm	"	.84	
17	3:30pm	"	.86	
18	5:30pm	"	.76	
19	6:45pm	LOC #10	.84	
20	7:30pm	Well House	.74	added 10gal H ₂ O / 10 cups CL
21	2:30pm	"	.91	
22	2:30pm	"	.88	
23	2:30pm	"	.84	
24	2:30pm	"	.80	
25	2:15pm	"	.75	
26	1:30pm	"	.78	added 10gal H ₂ O / 10 cups CL
27	2:30pm	"	.74	added 2 cups CL
28	3:00pm	"	.73	
29	2:30pm	"	.80	added 1 cup CL
30	1:15pm	"	.84	
31	3:30pm	"	.82	

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 #: (541) 505-2538

Date: 3/31/2023

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.