

**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 Jun / 2023

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	2:30 pm	Well House	.77	
2	2:30 pm	"	.79	
3	2:00 pm	"	.75	added 10 gal H ₂ O / 10 cups CL
4	4:00 pm	"	.70	
5	2:30 pm	"	.60	added 2 cups CL
6	4:30 pm	"	.78	
7	5:00 pm	"	.73	
8	3:45 pm	"	.66	added 2 cups CL
9	3:15 pm	"	.71	
10	3:30 pm	"	.74	added 10 gal H ₂ O / 10 cups CL
11	2:45 pm	"	.67	added 3 cups CL
12	2:30 pm	"	.82	
13	2:30 pm	"	.88	Begin lowering Tank Water level to
14	2:30 pm	"	.84	clean and Swap Tanks on 6/29
15	4:00 pm	"	.76	
16	3:00 pm	"	.76	
17	2:30 pm	"	.78	
18	2:30 pm	"	.76	
19	5:45 pm	loc #10	.79	
20	4:15 pm	Well house	.84	
21	3:45 pm	"	.91	
22	3:30 pm	"	1.06	added 2 gal H ₂ O
23	4:00 pm	"	.82	
24	1:30 pm	"	.93	
25	2:00 pm	"	1.05	adjusted pump from 6-4
26	3:15 pm	"	.67	adjusted back up to 5
27	2:15 pm	"	.74	cleaned Pump House
28	3:30 pm	"	1.01	Put rock on floor / to 4.5
29	3:20 pm	"	.60	Tank Swap 45 gal H ₂ O / 36 cups CL
30	3:15 pm	"	.63	added 3 cups CL
31				

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.

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: 6/30/2023

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.

August 22, 2019