

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

System Name Applewood Mobile Home Park
 Month/Year 3 / 2024 Entry Point: Well House

PWS ID# 41 00840 .40
 Required Minimum Residual mg/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	.79	added 1 cup CL
2	1:00pm	"	.82	
3	2:45pm	"	.84	
4	2:45pm	"	.97	added 12 cups CL / 12 gal H ₂ O
5	2:30pm	"	.89	
6	2:30pm	"	.99	added 1 gal H ₂ O
7	2:30pm	"	1.00	added 2 gal H ₂ O
8	3:00pm	"	1.08	
9	3:00pm	"	.72	added 2 cups CL
10	3:00pm	"	.70	
11	6:00pm	"	1.04	
12	2:30pm	"	.97	added 2 gal H ₂ O
13	3:30pm	"	1.03	
14	2:00pm	"	.83	
15	3:15pm	"	.91	
16	3:30pm	"	.96	
17	2:00pm	"	.81	
18	2:30pm	"	.76	added 12 cups CL / 12 gal H ₂ O
19	1:30pm	"	1.03	added 2 gal H ₂ O
20	3:00pm	"	.93	
21	6:00pm	Lec #10	.88	
22	3:30pm	Well House	.97	
23	2:00pm	"	1.04	
24	1:15pm	"	1.06	
25	1:20pm	"	.92	
26	12:30pm	"	1.20	added 2 gal H ₂ O
27	1:30pm	"	1.16	
28	1:30pm	"	1.12	added 10 gal H ₂ O / 8 cups CL
29	2:30pm	"	1.17	added 2 gal H ₂ O
30	5:30pm	"	.84	
31	2:30pm	"	.84	

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: 3/31/2024

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.