

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

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

System Name Appelwood Mobile Home Park
Month/Year 9 / 2024 Entry Point: Well House

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:30pm	Well House	.86	
2	1:15pm	"	.82	
3	2:30pm	"	.78	
4	2:30pm	"	.89	
5	2:30pm	"	.86	
6	4:00pm	"	.80	
7	2:30pm	"	.75	10gal H ₂ O / 10 caps Cl ₂
8	2:45pm	"	.81	
9	2:45pm	"	1.03	
10	2:45pm	"	.91	
11	2:30pm	"	.93	
12	3:00pm	(Loc #10)	.97	
13	3:30pm	Well House	.98	
14	1:30pm	"	1.06	added 2gal H ₂ O / adjust P/u tube
15	2:30pm	"	.90	
16	2:30pm	"	.89	
17	2:30pm	"	.96	added 2gal H ₂ O
18	2:30pm	"	.87	
19	2:00pm	Loc #15	.79	
20	3:00pm	Well House	1.05	added 10gal H ₂ O / 10 caps Cl ₂
21	3:00pm	"	.95	
22	2:45pm	"	1.01	added 2gal H ₂ O
23	2:30pm	"	.80	
24	3:00pm	"	.72	added 1cap Cl ₂
25	3:00pm	"	1.10	added 2gal H ₂ O
26	2:30pm	"	.87	
27	2:30pm	"	.85	
28	12:00pm	"	.80	
29	2:30pm	"	.76	
30	2:45pm	"	.83	
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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 40 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: 4/30/2024

Title: Water Tester
Phone #: (541) 505-2538

Operator Certification #:
OR

Return by 10th of following month by either email or mail to Drinking Water Program