

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

System Name Applewood Mobile Home Park PWS ID# 41 00840 .40
 Month/Year 5 / 2024 Entry Point Well House 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	3:30pm	Well House	.79	added 10gal H ₂ O / 8aps Cl
2	3:00pm	"	.64	added 2aps Cl
3	4:30pm	"	.74	see back -
4	5:00pm	"	.99	
5	4:00pm	"	.80	
6	2:30pm	"	.75	
7	2:30pm	"	.77	
8	2:30pm	"	.78	added 15gal H ₂ O, 12aps Cl
9	3:00pm	"	1.08	
10	2:30pm	"	.90	
11	4:00pm	"	.76	adjusted Plv depth
12	2:00pm	"	.99	
13	2:30pm	"	.98	
14	2:30pm	"	1.08	adjusted Plv depth
15	2:45pm	"	.93	
16	3:00pm	"	.94	
17	2:30pm	"	.92	
18	1:30pm	"	.96	
19	5:00pm	"	.87	added 12gal H ₂ O / 10aps Cl
20	2:30pm	"	.82	
21	2:30pm	"	.84	
22	2:30pm	"	.86	
23	2:30pm	"	.90	
24	3:00pm	"	.98	
25	1:30pm	"	.96	added 10gal H ₂ O / 8aps Cl
26	1:00pm	"	.94	
27	2:30pm	"	1.16	added 2gal H ₂ O
28	4:00pm	"	.92	
29	2:30pm	"	.87	
30	2:30pm	"	.88	
31	3:15pm	"	.94	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>mg/L</u> as required? <input checked="" 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>
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Printed Name: Drew Arseneaux Title: Water Tester Operator Certification #:
 Signature: Drew Arseneaux Phone #: (541) 505-2536 OR
 Date: 5/31/2024 Small Groundwater System

5/3 Discovered Water leak outside Pump house. Water shut off at 6am. Pipe dug out and Plumber arrived to repair at 11am. Repairs Completed by 1:00pm. Boil water notice issued before water turned on at 1pm. Water tested at 4pm.

Location #10
4:pm .83

Location #22
4:20pm .85

Location # Pump House
4:30pm .74

Routine Maintenance Performed while pump off for repairs 11:00-11:00
CL lines Replaced; Injector Valve replaced
CL Pump swapped out and New Stenner tube installed.

5/6 Boil water notice not lifted until outside Company came by to inspect the water. Came at 10:45 Am reading .89