

System Name Applewood Mobile Home Park

PWS ID# 41 00840

Required Minimum Residual .40 mg/L

Month/Year Jun 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	3:00 pm	Well House	1.07	added 2 gal H ₂ O
2	4:30 pm	Loc # 10	.96	
3	2:30 pm	Well House	.85	
4	2:30 pm	"	.85	added 10 gal H ₂ O / 8 caps CL
5	2:30 pm	"	.76	
6	2:00 pm	"	.84	adjusted P _{lu} depth
7	2:30 pm	"	1.00	" "
8	4:00 pm	"	.92	
9	4:00 pm	"	.85	
10	2:30 pm	"	.90	
11	2:30 pm	"	.86	
12	2:30 pm	"	.76	added 10 gal H ₂ O / 8 caps CL
13	4:00 pm	"	.77	adjust P _{lu} depth
14	3:30 pm	"	.84	
15	3:30 pm	"	.90	
16	3:00 pm	"	.96	
17	4:00 pm	"	.71	adjust P _{lu} depth
18	4:30 pm	"	.77	
19	4:30 pm	"	.85	
20	5:00 pm	"	.83	
21	2:00 pm	"	.73	added 12 gal H ₂ O / 10 caps CL
22	3:00 pm	"	.87	
23	1:30 pm	"	.84	
24	1:00 pm	"	.83	
25	2:30 pm	"	.81	
26	3:00 pm	"	.82	
27	3:00 pm	"	.89	
28	3:30 pm	"	.85	
29	4:00 pm	"	.80	added 10 gal H ₂ O / 10 caps CL
30	5:00 pm	"	.82	
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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
 Signature: Drew Arseneaux
 Date: 6/30/2024

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

Operator Certification #:
 OR
 Small Groundwater System

Return by 10th of following month by either email dwp.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.