

**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 Appenwood Mobile Home Park  
Month/Year 8/2024 Entry Point: Well House

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:30pm	Well House	.76	adjusted P/v tube
2	7:00pm	"	.96	adjusted P/v tube
3	6:00pm	"	1.01	
4	6:00pm	"	.78	
5	5:30pm	"	.78	
6	5:00pm	"	.73	added 1 cap CL
7	5:30pm	"	.68	added 10gal H <sub>2</sub> O / 8 caps CL
8	5:30pm	"	.75	added 2 caps CL
9	5:30pm	"	.69	added 2 caps CL
10	6:00pm	"	.73	
11	7:00pm	"	.87	
12	5:00pm	"	.88	
13	5:00pm	"	.85	
14	5:30pm	"	.80	
15	5:00pm	Loc #10	.94	added 12gal H <sub>2</sub> O / 9 caps CL
16	6:00pm	Well House	1.08	
17	4:30pm	"	.76	
18	2:30pm	"	.78	
19	3:30pm	"	.68	added 1 cap CL
20	5:00pm	"	.74	added 1 cap CL
21	6:00pm	"	.95	
22	6:00pm	"	.89	
23	5:30pm	"	.82	
24	5:00pm	Loc #10	.87	
25	2:45pm	Well House	.87	added 10gal H <sub>2</sub> O / 10 caps CL
26	3:30pm	"	.78	
27	5:30pm	"	.82	
28	5:00pm	"	.75	
29	4:30pm	"	.77	
30	5:00pm	"	.80	
31	4:00pm	"	.78	
	4:00pm	"	.72	added 1 cap CL

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: 8/31/2024

Operator Certification #:  
 OR  
 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.