

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

System Name Applewood Mobile Home Park

PWS ID# 41 00840

Month/Year 9 / 2024

Entry Point: Well House

Required Minimum Residual .40 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	1.03	
2	5:30pm	"	.91	added 10gal H <sub>2</sub> O / 8caps CL
3	5:00pm	"	.64	added 2caps CL
4	2:30pm	"	.65	added 2caps CL
5	2:30pm	"	.84	
6	3:30pm	"	.86	
7	3:00pm	"	.88	
8	4:15pm	"	.75	
9	2:45pm	"	.84	
10	2:45pm	"	1.01	added 10gal H <sub>2</sub> O / 8caps CL
11	2:45pm	"	.61	added 2caps CL
12	5:30pm	"	.60	SEE BACK/H → See back →
13	5:30pm	"	1.00	SEE BACK/H →
14	5:00pm	Loc #6	1.20	
15	3:00pm	Well House	.99	
16	2:30pm	"	.98	
17	2:30pm	"	.96	
18	2:45pm	"	.90	added 10gal H <sub>2</sub> O / 8caps CL
19	2:30pm	"	1.22	added 3gal H <sub>2</sub> O
20	2:30pm	"	1.20	
21	2:30pm	Loc #10	.65	
22	3:45pm	Well House	.62	add 2caps CL
23	2:30pm	"	1.15	
24	2:30pm	"	1.02	* See back →
25	2:00pm	"	1.18	added 2gal H <sub>2</sub> O
26	3:00pm	"	1.07	
27	3:30pm	"	1.04	
28	4:00pm	"	1.06	
29	1:30pm	"	1.61	added 2gal H <sub>2</sub> O
30	2:30pm	"	.90	
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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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>.40</u> mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>
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Printed Name: Drew Arseneaux Title: Water Tester  
 Signature: Drew Arseneaux Phone #: (541) 505-2438  
 Date: 9/30/2024

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.