

State of Oregon
Monthly Disinfection Report for Ground Water Systems

PWS ID# 41 00840

System Name Applewood Mobile Home Park

Required Minimum Residual ^{.40} mg/L

Month/Year 1 / 2025

Entry Point: Well House

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|--------|------------------|--|---|
| 1 | 3:00pm | Well House | .60 | |
| 2 | 3:00pm | " | .71 | added 13gal H ₂ O / 13 cups CL |
| 3 | 4:00pm | " | 1.01 | |
| 4 | 3:30pm | " | .90 | |
| 5 | 5:00pm | " | .91 | |
| 6 | 3:00pm | " | .93 | |
| 7 | 2:30pm | " | .87 | |
| 8 | 2:30pm | " | .76 | adjusted Plo Tube |
| 9 | 2:30pm | " | .91 | |
| 10 | 3:45pm | " | .81 | |
| 11 | 1:45pm | " | .76 | |
| 12 | 4:00pm | loc #10 | .64 | |
| 13 | 2:30pm | Well House | .60 | added 13gal H ₂ O / 13 cups CL |
| 14 | 2:30pm | " | .98 | |
| 15 | 2:30pm | " | 1.06 | added 2gal H ₂ O |
| 16 | 2:30pm | " | .95 | |
| 17 | 2:30pm | " | .90 | |
| 18 | 3:30pm | " | .87 | |
| 19 | 3:00pm | " | .70 | |
| 20 | 3:00pm | " | .68 | |
| 21 | 2:30pm | " | .96 | added 13gal H ₂ O / 13 cups CL |
| 22 | 2:30pm | " | .89 | |
| 23 | 2:30pm | " | .84 | |
| 24 | 3:00pm | " | .78 | |
| 25 | 2:00pm | " | .66 | |
| 26 | 2:00pm | " | .62 | |
| 27 | 2:30pm | " | .73 | added 2 cups CL |
| 28 | 2:30pm | " | 1.01 | added 10gal H ₂ O / 10 cups CL |
| 29 | 3:00pm | " | .96 | |
| 30 | 2:30pm | " | .83 | |
| 31 | 1:30pm | " | .74 | added 2 cups 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

Signature: Drew Arseneaux

Date: 1/31/2025

Title: Water Tester

Phone #: (541) 605-2538

Operator Certification #:

OR

Small Groundwater System

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