

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

PWS ID# 41 00840  
Required Minimum Residual <sup>40</sup> mg/L

System Name Applewood Mobile Home Park  
Month/Year 2 / 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	1:30 pm	Well House	.84	
2	2:30 pm	"	.79	
3	3:30 pm	"	.73	
4	4:00 pm	"	.64	added 12 gal H <sub>2</sub> O / 12 caps CL
5	1:30 pm	"	.67	
6	2:30 pm	"	1.06	
7	4:00 pm	Loc #10	1.02	
8	1:15 pm	Well House	.98	
9	3:00 pm	"	.78	added 2 caps CL
10	2:30 pm	"	.60	
11	2:30 pm	"	.69	added 10 gal H <sub>2</sub> O / 10 caps CL
12	2:30 pm	"	.65	
13	2:30 pm	"	.89	
14	2:30 pm	"	.87	
15	2:30 pm	"	.83	
16	2:45 pm	"	.79	
17	3:00 pm	"	.72	
18	4:00 pm	"	.77	
19	2:30 pm	"	.64	added 2 caps CL
20	2:30 pm	"	.62	
21	2:30 pm	"	.60	added 12 caps CL / 12 gal H <sub>2</sub> O
22	2:30 pm	"	1.04	
23	4:00 pm	"	.98	
24	2:30 pm	"	.93	
25	2:30 pm	"	.90	
26	2:30 pm	"	.86	
27	2:45 pm	"	.78	
28	2:30 pm	"	.88	
29	<del>2:30</del>	<del>W</del>	<del>1.71</del>	
30				
31				

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

Operator Certification #:

Signature: Drew Arseneaux

Phone #: 541 505-2538

OR

Date: 2/28/2025

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.**