

System Name Applewood Mobile Home Park
 Month/Year 11/2025 Entry Point: Well House

PWS ID# 41 00840
 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	3:00pm	Well House	.86	
2	3:00pm	"	.82	
3	3:00pm	"	.85	
4	3:00pm	"	.96	added 15gal H ₂ O / 11 caps Cl ₂
5	3:00pm	"	.94	
6	3:00pm	"	.83	added 10gal H ₂ O / 8 caps Cl ₂
7	3:00pm	"	.70	
8	3:06pm	"	.66	added 2 caps Cl ₂
9	3:30pm	"	.94	
10	3:00pm	"	.93	
11	4:00pm	"	.86	added 10gal H ₂ O / 8 caps Cl ₂
12	3:00pm	"	1.03	added 3gal H ₂ O
13	3:06pm	"	.83	
14	4:00pm	"	.80	
15	3:00pm	"	.76	
16	3:00pm	"	.72	(added 10gal H ₂ O / 10 caps Cl ₂)
17	3:00pm	"	.60	
18	3:00pm	"	.86	
19	3:00pm	"	.88	
20	3:00pm	"	.82	
21	2:30pm	"	.78	10gal H ₂ O / 8 caps Cl ₂
22	2:30pm	"	.78	
23	2:30pm	"	.73	
24	3:06pm	"	1.20	added 2 gal H ₂ O
25	3:00pm	"	.90	
26	3:30pm	"	.83	
27	3:30pm	"	.70	
28	4:00pm	"	.71	
29	2:30pm	"	.75	added 10gal H ₂ O / 8 caps Cl ₂
30	3:00pm	"	.77	
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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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 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>GWS Serving More Than 3,300</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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Drew Arseneaux Title: Water Tester Operator Certification #: _____
 Signature: Drew Arseneaux Phone #: (511) 505-2538 OR
 Date: 11/30/2025 Small Groundwater System