

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

PWS ID# 41 00840

Required Minimum Residual ⁴⁰ mg/L

System Name Applewood Mobile Home Park
Month/Year 2/2026 Entry Point: Well House

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:30pm	Well House	.88	
2	3:45pm	"	1.02	added 4gal H ₂ O
3	3:00pm	"	.94	
4	3:00pm	"	.80	
5	3:00pm	"	.75	
6	3:00pm	"	.89	
7	3:00pm	"	.73	added 10gal H ₂ O / 8 caps CL
8	3:00pm	"	1.30	added 4gal H ₂ O
9	3:00pm	"	.76	
10	3:00pm	"	.78	
11	3:00pm	"	.67	added 1 cap CL
12	3:00pm	"	.78	
13	2:00pm	"	.87	
14	3:00pm	"	.89	added 10gal H ₂ O / 7 caps CL
15	3:00pm	"	.85	
16	3:00pm	"	.81	
17	3:00pm	"	0.81 .83	
18	3:00pm	"	.87	
19	3:00pm	"	.82	
20	5:00pm	LOCATIO	.84	
21	3:00pm	Well House	.80	added 10gal H ₂ O / 8 caps CL
22	3:00pm	"	.90	
23	3:00pm	"	.89	
24	3:00pm	"	.86	
25	3:00pm	"	.90	
26	2:45pm	"	.83	
27	3:00pm	"	.87	
28	3:00pm	"	.86	added 20gal H ₂ O / 16 caps CL
29				
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
 Signature: Drew Arseneaux Phone #: (541) 505-2538
 Date: 2/28/2026

Operator Certification #:
 OR
 Small Groundwater System