

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

System Name Callahan's 11th Lodge PWS ID# 4191551
 Month/Year 04/2002 Entry Point: Hiker Bathroom Required Minimum Residual 8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:45	SPRING 2,3,4,5,6	1.62	
2	11:15	SPRING 2,3,4,5,6	1.78	
3	11:45	SPRING 2,3,4,5,6	1.84	
4	15:30	SPRING 2,3,4,5,6	2.03	
5	15:12	SPRING 2,3,4,5,6	2.01	1/2 gallon water / 1 gallon chlorine
6	15:10	SPRING 2,3,4,5,6	1.83	
7	15:21	SPRING 2,3,4,5,6	2.10	
8	15:04	SPRING 2,3,4,5,6	1.92	
9	11:45	SPRING 2,3,4,5,6	1.66	
10	14:15	SPRING 2,3,4,5,6	1.59	
11	13:56	SPRING 2,3,4,5,6	1.92	
12	14:26	SPRING 2,3,4,5,6	2.18	
13	12:50	SPRING 2,3,4,5,6	2.04	
14	14:13	SPRING 2,3,4,5,6	2.10	
15	16:15	SPRING 2,3,4,5,6	1.83	
16	17:30	SPRING 2,3,4,5,6	1.89	
17	13:04	SPRING 2,3,4,5,6	1.90	
18	13:55	SPRING 2,3,4,5,6	2.04	
19	14:35	SPRING 2,3,4,5,6	2.01	1/2 gallon of water / 1 gallon chlorine
20	14:05	SPRING 2,3,4,5,6	1.92	
21	15:09	SPRING 2,3,4,5,6	1.96	
22	12:04	SPRING 2,3,4,5,6	2.06	
23	16:45	SPRING 2,3,4,5,6	1.93	
24	15:00	SPRING 2,3,4,5,6	2.04	
25	14:46	SPRING 2,3,4,5,6	1.91	
26	14:50	SPRING 2,3,4,5,6	1.42	
27	15:10	SPRING 2,3,4,5,6	1.54	
28	14:47	SPRING 2,3,4,5,6	1.01	
29	13:48	SPRING 2,3,4,5,6	1.40	
30	16:00	SPRING 2,3,4,5,6	2.20	
31	16:50	SPRING 2,3,4,5,6	1.96	

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

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 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?
 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: Robert Newman
 Signature: [Signature]
 Date: 5/2/2002

Title:
 Phone #: (541) 297-3758

Operator Certification #: _____
 OR
 Small Groundwater System