

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

System Name Callahan's Alt N Lodge PWS ID# 4191551
 Month/Year 05/2022 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	1650	SPRINGS 2, 3, 4, 5, 6	1.96	
2	1409	SPRING 2, 3, 4, 5, 6	1.3	
3	1408	SPRINGS 2, 3, 4, 5, 6	1.1	
4	1445	SPRINGS 2, 3, 4, 5, 6	1.2	
5	1448	SPRINGS 2, 3, 4, 5, 6	1.0	
6	1443	SPRINGS 2, 3, 4, 5, 6	1.6	
7	1230	SPRING 2, 3, 4, 5, 6	1.4	
8	0940	SPRING 2, 3, 4, 5, 6	1.6	
9	1530	SPRING 2, 3, 4, 5, 6	1.8	
10	1309	SPRINGS 2, 3, 4, 5, 6	1.5	
11	1450	SPRING 2, 3, 4, 5, 6	1.6	
12	1428	SPRINGS 2, 3, 4, 5, 6	1.1	
13	1420	SPRINGS 2, 3, 4, 5, 6	1.1	1/2 gal chlorine 4 gal water
14	1115	SPRING 2, 3, 4, 5, 6	1.4	
15	1600	SPRING 2, 3, 4, 5, 6	1.2	
16	1410	SPRINGS 2, 3, 4, 5, 6	2.0	
17	1330	SPRINGS 2, 3, 4, 5, 6	1.7	
18	1400	SPRINGS 2, 3, 4, 5, 6	1.8	
19	1439	SPRINGS 2, 3, 4, 5, 6	1.4	4 gal water
20	1445	SPRINGS 2, 3, 4, 5, 6	2.1	
21	1450	SPRINGS 2, 3, 4, 5, 6	2.0	
22	1440	SPRINGS 2, 3, 4, 5, 6	1.8	
23	1424	SPRINGS 2, 3, 4, 5, 6	1.0	
24	1419	SPRINGS 2, 3, 4, 5, 6	0.9	
25	1420	SPRINGS 2, 3, 4, 5, 6	0.9 1.0	
26	1410	SPRINGS 2, 3, 4, 5, 6	0.9 1.0	1/2 gal chlorine / 4 gal water
27	1433	SPRINGS 2, 3, 4, 5, 6	2.4	
28	1315	SPRING 2, 3, 4, 5, 6	2.4	
29	1415	SPRINGS 2, 3, 4, 5, 6	2.5	
30	1419	SPRINGS 2, 3, 4, 5, 6	1.0	4 gal water
31	1414	SPRINGS 2, 3, 4, 5, 6	0.9	

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? 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 checked="" type="checkbox"/> No Date continuous monitoring equipment failed: / / If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No Date it was returned to service: / / Attach grab sample results and submit them with this form.</p>
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Printed Name: Robert Newmar Title: maintenance Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 297-3758 OR
 Date: 06/11/2022 Small Groundwater System