

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

System Name Callahan's Mt'n Lodge PWS ID# 4191551  
 Month/Year 06/2022 Entry Point: Hiker bathroom Required Minimum Residual 8 mg/L

RP  
RP

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1440	Springs 2, 3, 4, 5, 6	1.0	
2	1410	Springs 2, 3, 4, 5, 6	1.1	
3	1450	Springs 2, 3, 4, 5, 6	1.0	
4	1430	Springs 2, 3, 4, 5, 6	<del>1.0</del> 1.0	added 1/2 gal chlorine 4 gal
5	1500	Springs 2, 3, 4, 5, 6	2.6	added 3 gal water
6	1444	Springs 2, 3, 4, 5, 6	2.0	
7	1438	Springs 2, 3, 4, 5, 6	1.2	
8	1406	Springs 2, 3, 4, 5, 6	1.1	
9	1430	Springs 2, 3, 4, 5, 6	0.9	
10	1449	Springs 2, 3, 4, 5, 6	1.0	1/2 gal chlorine / 4 gal water
11	1530	Springs 2, 3, 4, 5, 6	1.0	
12	1500	Springs 2, 3, 4, 5, 6	1.1	
13	1400	Springs 2, 3, 4, 5, 6	2.0	
14	1414	Springs 2, 3, 4, 5, 6	2.1	
15	1420	Springs 2, 3, 4, 5, 6	1.9	
16	1450	Springs 2, 3, 4, 5, 6	1.9	
17	1425	Springs 2, 3, 4, 5, 6	2.0	added 3 gal
18	1410	Springs 2, 3, 4, 5, 6	1.2	
19	1422	Springs 2, 3, 4, 5, 6	1.1	
20	1430	Springs 2, 3, 4, 5, 6	0.9	
21	1420	Springs 2, 3, 4, 5, 6	0.9	
22	1429	Springs 2, 3, 4, 5, 6	1.0	
23	1400	Springs 2, 3, 4, 5, 6	1.0	
24	1430	Springs 2, 3, 4, 5, 6	0.9	
25	1440	Springs 2, 3, 4, 5, 6	0.9	
26	1450	Springs 2, 3, 4, 5, 6	0.9	
27	1400	Springs 2, 3, 4, 5, 6	1.0	
28	1420	Springs 2, 3, 4, 5, 6	1.0	Add 8 gal water 1 gal chlorine
29	1427	Springs 2, 3, 4, 5, 6	1.1	
30	1530	Springs 2, 3, 4, 5, 6	2.6	
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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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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? <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>	

Printed Name: Robert Newman Title: maintainer Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 297-3758 OR  
 Date: 7/14/2022 Small Groundwater System