

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

System Name Callahan's Altn Lodge PWS ID# 4191551  
 Month/Year 07/2022 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	1416	SPRING 2, 3, 4, 5, 6	1.2	
2	1350	SPRING 2, 3, 4, 5, 6	3.4	
3	1400	SPRING 2, 3, 4, 5, 6	3.1	
4	1415	SPRING 2, 3, 4, 5, 6	3.2	add bottled water
5	1455	SPRING 2, 3, 4, 5, 6	0.8	
6	1407	SPRING 2, 3, 4, 5, 6	0.8	add 1/2 gallon chlorine
7	1437	SPRING 2, 3, 4, 5, 6	1.1	
8	1411	SPRING 2, 3, 4, 5, 6	1.0	
9	1500	SPRING 2, 3, 4, 5, 6	1.4	
10	1505	SPRING 2, 3, 4, 5, 6	1.3	
11	1414	SPRING 2, 3, 4, 5, 6	1.0	add 8 gal water / 1 gal chlorine
12	1324	SPRING 2, 3, 4, 5, 6	1.5	
13	1230	SPRING 2, 3, 4, 5, 6	1.4	
14	1400	SPRING 2, 3, 4, 5, 6	2.1	add 2 gal H <sub>2</sub> O
15	1431	SPRING 2, 3, 4, 5, 6	1.7	
16	1230	SPRING 2, 3, 4, 5, 6	2.2	
17	1500	SPRING 2, 3, 4, 5, 6	2.1	
18	1400	SPRING 2, 3, 4, 5, 6	1.5	
19	1300	SPRING 2, 3, 4, 5, 6	1.6	
20	1500	SPRING 2, 3, 4, 5, 6	1.3	
21	1515	SPRING 2, 3, 4, 5, 6	1.3	add 8 gal water - 1/2 gal
22	1425	SPRING 2, 3, 4, 5, 6	2.3	
23	1440	SPRING 2, 3, 4, 5, 6	2.2	
24	1450	SPRING 2, 3, 4, 5, 6	2.2	
25	1422	SPRING 2, 3, 4, 5, 6	1.8	
26	1504	SPRING 2, 3, 4, 5, 6	1.9	
27	1515	SPRING 2, 3, 4, 5, 6	1.7	
28	1440	SPRING 2, 3, 4, 5, 6	2.1	
29	1450	SPRING 2, 3, 4, 5, 6	2.0	
30	1427	SPRING 2, 3, 4, 5, 6	2.5	
31	1440	SPRING 2, 3, 4, 5, 6	2.4	

Was the chlorine residual ever less than the required minimum residual of 8 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>
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Printed Name: Roland Newman Title: maintenance Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 279-3758 OR  
 Date: 8/1/2022 Small Groundwater System