

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 08/2022 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	1504	SPRINGS 2, 3, 4, 5, 6	2.3	add 8 gal water + 1/2 sal chlorine
2	1445	SPRINGS 2, 3, 4, 5, 6	2.2	
3	1520	SPRINGS 2, 3, 4, 5, 6	2.4	
4	1515	SPRINGS 2, 3, 4, 5, 6	2.1	
5	1420	SPRINGS 2, 3, 4, 5, 6	2.2	
6	1300	SPRINGS 2, 3, 4, 5, 6	2.0	
7	1330	SPRINGS 2, 3, 4, 5, 6	2.1	
8	1426	SPRINGS 2, 3, 4, 5, 6	1.4	
9	1440	SPRINGS 2, 3, 4, 5, 6	1.5	
10	1456	SPRINGS 2, 3, 4, 5, 6	1.3	
11	1449	SPRINGS 2, 3, 4, 5, 6	1.1	
12	1401	SPRINGS 2, 3, 4, 5, 6	0.9	add 10 gal water + 1/2 gal chlorine
13	1410	SPRINGS 2, 3, 4, 5, 6	0.9	
14	1442	SPRINGS 2, 3, 4, 5, 6	1.0	
15	1512	SPRINGS 2, 3, 4, 5, 6	1.1	
16	1518	SPRINGS 2, 3, 4, 5, 6	2.4	
17	1342	SPRINGS 2, 3, 4, 5, 6	1.1	
18	1433	SPRINGS 2, 3, 4, 5, 6	1.2	
19	1512	SPRINGS 2, 3, 4, 5, 6	2.00	
20	1515	SPRING 2, 3, 4, 5, 6	1.1	
21	1410	SPRING 2, 3, 4, 5, 6	1.1	
22	1526	SPRINGS 2, 3, 4, 5, 6	1.0	add 3/4 sal cho
23	1406	SPRINGS 2, 3, 4, 5, 6	1.1	
24	1409	SPRINGS 2, 3, 4, 5, 6	1.4	
25	1500	SPRINGS 2, 3, 4, 5, 6	1.5	
26	1551	SPRINGS 2, 3, 4, 5, 6	1.3	
27	1232	SPRING 2, 3, 4, 5, 6	1.4	
28	1520	SPRINGS 2, 3, 4, 5, 6	1.0	
29	1515	SPRINGS 2, 3, 4, 5, 6	1.2	
30	1520	SPRINGS 2, 3, 4, 5, 6	1.3	
31	1540	SPRINGS 2, 3, 4, 5, 6	1.2	

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?</p> <p>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</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: Robert Newman Title: Maintenance Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 297-3758 OR
 Date: 9/12/2022 Small Groundwater System