

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 09 12022 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	1515	SPRING 2, 3, 4, 5, 6	1.2	
2	1540	SPRING 2, 3, 4, 5, 6	1.1	
3	1520	SPRING 2, 3, 4, 5, 6	1.0	
4	1410	SPRINGS 2, 3, 4, 5, 6	1.7	
5	1534	SPRING 2, 3, 4, 5, 6	1.4	
6	1512	SPRING 2, 3, 4, 5, 6	1.4	
7	1503	SPRING 2, 3, 4, 5, 6	1.3	
8	1540	SPRING 2, 3, 4, 5, 6	1.2	
9	1320	SPRING 2, 3, 4, 5, 6	1.0	
10	1210	SPRING 2, 3, 4, 5, 6	1.4	
11	1105	SPRING 2, 3, 4, 5, 6	1.0	
12	1515	SPRING 2, 3, 4, 5, 6	1.1	5 gal w/d water / 1 gal chlorine
13	1540	SPRING 2, 3, 4, 5, 6	1.0	
14	1515	SPRING 2, 3, 4, 5, 6	1.2	
15	1528	SPRING 2, 3, 4, 5, 6	1.5	5 gal water / 1 gal chlorine
16	1500	SPRINGS 2, 3, 4, 5, 6	1.6	
17	1310	SPRING 2, 3, 4, 5, 6	1.9	
18	1415	SPRING 2, 3, 4, 5, 6	1.8	
19	1517	SPRING 2, 3, 4, 5, 6	1.7	
20	1516	SPRING 2, 3, 4, 5, 6	2.20	
21	1545	SPRING 2, 3, 4, 5, 6	2.18	
22	1502	SPRING 2, 3, 4, 5, 6	2.20	
23	1500	SPRING 2, 3, 4, 5, 6	2.18	3 gal water / 3/4 gal chlorine
24	1515	SPRING 2, 3, 4, 5, 6	2.20	
25	1412	SPRING 2, 3, 4, 5, 6	2.19	
26	1520	SPRING 2, 3, 4, 5, 6	2.21	
27	1545	SPRING 2, 3, 4, 5, 6	2.20	
28	1600	SPRING 2, 3, 4, 5, 6	2.18	
29	1550	SPRING 2, 3, 4, 5, 6	2.19	
30	1620	SPRING 2, 3, 4, 5, 6	2.20	
31	1515	SPRING 2, 3, 4, 5, 6	2.17	

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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  
 Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Robert Newman Title: Maintain  
 Signature: [Signature] Phone #: (541) 297-3758  
 Date: 10/1/2022

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System