

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

System Name Sunny Wolf Charter Preschool  
Month/Year SEPT 12022 Entry Point: Kitchen Sink

PWS ID# 41-95068  
Required Minimum Residual 1.03 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Recommended = 1.2 Notes
1	7:26 am	well	1.4	* retested 10:30 am 1.4/1.6
2				
3				
4				
5	6:45	well	1.4	
6	6:50 am	well	1.4	
7	6:45 am	well	1.3	
8	6:45	well	1.2	
9				
10				
11				
12	6:45	well	<del>1.4</del>	<del>1.0-1.2</del>
13	6:45	well		
14	6:45	well	0.4/0.4	→ retested 8:00 am 1.4
15	6:45	well	1.2/1.4	
16				
17				
18				
19	6:45	well	1.0	
20	6:45	well	1.2/1.4	→ ≈ 1.2 retest 10 am
21	6:45	well	1.4	
22	6:45	well	1.4	
23				
24				
25				
26	8:45	well	1.0/1.2	→ retested 1 pm ≈ 1.0
27	6:45	well	1.0	
28	8:30	well	2.2	
29	6:45	well	1.4	
30				
31				

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? 4.25 hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: <u>Tiffany Godwin</u>	Title: <u>Director / Teacher</u>	Operator Certification #:
Signature: <u>Tiffany Godwin</u>	Phone #: <u>(541) 761-8383</u>	OR
Date: <u>10/21/22</u>		Small Groundwater System <input type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.