

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

System Name Sunny Wolf Charter Preschool

PWS ID# 41-95068

Month/Year Jan / 2023 Entry Point: Kitchen Sink

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) | Notes              |
|------|------|------------------|--|--------------------|
| 1    |      |                  |  |                    |
| 2    |      |                  |  |                    |
| 3    | 6:45 | well             | 0.2 →  | retest 8:00 am 1-2 |
| 4    | 6:45 | well             | 1.2  |                    |
| 5    | 6:45 | well             | 1.0/1.2  |                    |
| 6    |      |                  |  |                    |
| 7    |      |                  |  |                    |
| 8    |      |                  |  |                    |
| 9    | 6:45 | well             | 1.2  |                    |
| 10   | 6:45 | well             | 1.0/1.2  |                    |
| 11   | 6:45 | well             | 1.0/1.2  |                    |
| 12   | 6:45 | well             | 1.0/1.2  |                    |
| 13   |      |                  |  |                    |
| 14   |      |                  |  |                    |
| 15   |      |                  |  |                    |
| 16   |      |                  |  |                    |
| 17   | 6:45 | well             | 0.8 →  | retested 1.0/1.2   |
| 18   | 6:45 | well             | 1.2  |                    |
| 19   | 6:45 | well             | 1.0/1.2  |                    |
| 20   |      |                  |  |                    |
| 21   |      |                  |  |                    |
| 22   |      |                  |  |                    |
| 23   | 6:45 | well             | 0.8 →  | 1.0/1.2            |
| 24   | 6:45 | well             | 1.0  |                    |
| 25   | 6:45 | well             | 1.2  | retest 8:00 am 1.0 |
| 26   |      |                  |  |                    |
| 27   |      |                  |  |                    |
| 28   |      |                  |  |                    |
| 29   |      |                  |  |                    |
| 30   | 6:45 | well             |  |                    |
| 31   | 6:45 | well             | 1.0/1.2  |                    |

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 - 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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p> |
|--|--|

Printed Name: Tiffany Gudwin Title: Director/Teacher Operator Certification #: \_\_\_\_\_  
 Signature: Tiffany Gudwin Phone #: (541) 721-8383 OR  
 Date: 1/1 Small Groundwater System

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.