

**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 April 12 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		Closed		
4	6:45	well	1.0/1.2	
5	6:45	well	1.0/1.2	
6	6:45	well	1.0/1.2	
7				
8		NO school		
9				
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	6:45	well	1.0/1.2	
14				
15		NO school		
16				
17	6:45	well	1.1	
18	6:45	well	1.1	
19	6:45	well	1.1	
20	6:45	well	1.1	
21				
22		NO school		
23				
24	6:45	well	1.0/1.2	
25	6:45	well	1.0/1.2	
26	6:45	well	1.0/1.2	
27	6:45	well	1.0/1.2	
28				
29				
30		NO school		
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? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</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 align="center">GWS Serving More Than 3,300</p> <table border="0"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / </td> </tr> <tr> <td> 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 </td> <td> Date it was returned to service: / / </td> </tr> </table> <p>Attach grab sample results and submit them with this form.</p>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date continuous monitoring equipment failed: / /	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	Date it was returned to service: / /
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Printed Name: <u>Tiffany Bidwin</u> Signature: <u>Tiffany Bidwin</u> Date: <u>1 1</u>	Title: <u>Director/Teacher</u> Phone #: <u>(541) 761-8383</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.