

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

System Name Sunny Wolf Charter Preschool
Month/Year FEB/ 2024 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)	Notes
1	6:45	Well	1.0 →	retest 7:00 1.1
2				
3		No School		
4				
5	6:45	well	0.4 →	6:50 1.1
6	6:45	well	1.1	
7	6:40	well	1.1	
8	6:50	well	1.1	
9				
10		NO School		
11				
12	6:45	well	0.4 →	6:57 1.1
13	6:50	well	1.1	
14	6:40	well	1.1	
15				
16		No School		
17				
18				
19				
20	6:50	Well	1.1	
21	6:50	well	1.1	
22	6:50	well	1.0 →	6:57 1.1
23				
24		No School		
25				
26	6:45	well	0.8 →	6:55 1.1
27	6:50	well	0.8 →	6:57 1.1
28	6:50	well	1.1	
29	6:50	well	1.1	
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? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No
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
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____
Date it was returned to service: _____ / _____ / _____

Printed Name: Tiffany Godwin
Signature: Tiffany Godwin
Date: 3/14/24
Title: Director/Teacher
Phone #: (541) 761-8383

Operator Certification #: S-747398
OR
Small Groundwater System