

**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 MAY / 2024 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	6:47	well	1.1	
2	6:45	well	1.1	
3				
4		No School		
5				
6	6:50	well	1.1	
7	6:50	well	1.1	
8	6:40	well	1.1	
9	6:37	well	1.1	
10				
11		No School		
12				
13	6:50	well	1.1	
14	6:40	well	1.1	
15	6:50	well	1.1	
16	6:50	well	1.1	
17				
18		No School		
19				
20	6:45	well	0.8	→ 6:50 1.1
21	6:50	well	0.8	→ retest 6:55 - 1.1
22	6:45	well	1.1	
23	6:35	well	1.1	
24				
25		No School		
26				
27				
28	6:50	well	0.8	→ retested 6:55 - 1.1
29	6:56	well	1.1	
30	6:50	well	1.1	
31		closed		

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>GWS Serving More Than 3,300</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>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: <u>Tiffany Godwin</u>	Title: <u>Director/Teacher</u>	Operator Certification #: <u>S-747398</u>
Signature: <u>Tiffany Godwin</u>	Phone #: <u>(541) 761-8383</u>	OR <input type="checkbox"/>
Date: <u>6/11/24</u>		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.am@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

dwp.am@state.or.us

August 22, 2019