


**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 June / 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				
2				
3	<u>6:45</u>	<u>well</u>	<u>0.8</u>	<u>→ retest 6:55 1.1</u>
4	<u>6:40</u>	<u>well</u>	<u>1.1</u>	
5	<u>6:35</u>	<u>well</u>	<u>1.1</u>	
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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. 10 minutes

<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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Tiffany Godwin Title: Director/Teacher Operator Certification #: _____
 Signature: Tiffany Godwin Phone #: (541) 761-8383 OR S-747398
 Date: 6/11/24 Small Groundwater System