

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

System Name Sunny Wolf Charter Preschool  
Month/Year 9 / 2021 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				
2				
3	6:20	well	1.1	
4	6:20	well	1.1	
5	6:32	well	1.1	
6				
7				
8				
9	6:25	well	1.0	→ retest 6:35 1.1
10	6:25	well	1.1	
11	6:25	well	1.1	
12	7:00	well	1.1	
13				
14				
15				
16	7:00	well	1.1	
17	7:00	well	1.1	
18	6:20	well	1.0	→ retest 6:30 1.1
19	6:30	well	1.1	
20				
21				
22				
23	6:45	well	1.1	
24	6:30	well	1.1	
25	6:25	well	1.1	
26	6:30	well	1.1	
27				
28				
29				
30	6:40	well	1.1	
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><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>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: Tiffany Godwin Title: Director/Teacher Operator Certification #: S-747398  
Signature: Tiffany Godwin Phone #: (541) 761-8383 OR  Small Groundwater System   
Date: 10/10/24

Return by 10<sup>th</sup> of following month by either email [dwp.dince@state.or.us](mailto:dwp.dince@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

*dwp.amce@drinkingwater.oregon.gov*

August 22, 2019