

November

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

System Name Sunny Wolf Charter Preschool

PWS ID# 41-95008

Month/Year 11 / 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				
4				
5	6:45	well	1.0	7:00 1.02
6	6:40	well	1.02	
7				
8				
9				
10				
11				
12	6:57	well	1.02	
13	6:22	well	1.02	
14				
15				
16				
17				
18	6:57	well	1.2	
19	6:55	well	1.1	
20	6:55	well	1.01	
21	6:47	well	1.02	
22				
23				
24				
25				
26				
27				
28				
29				
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.

<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>	

Printed Name: Tiffany Godwin Title: Director/Teacher Operator Certification #: 5-747398
 Signature: Tiffany Godwin Phone #: (541) 761-8383 OR
 Date: 12 / 2 / 24 Small Groundwater System