Opposition

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

System Name Sunny Wilf Charter Preschool PWSID# 41-95008								
Month/Year 1 1004 Entry Point: Kitch Eh Sink Required Minimum Residual 1.03 mg/L								
Date	Time	Source(s) in		Lowest free chlo residual at entry po distribution system	oint to		Notes	
1	~		- No c	school -		7711	7 101	
2	(0:55	well.		1:0		771	1 1	
3	7:50	vel		1.2				
4	7:45	Well		1:2				
5	7:40	well		1.2			,	
6	1							
7	 \ 		·					
8	1:45	mell			÷>	7: 6	55 1.2	
10	1.40 in 100	well	water to the second second second	1.7				
11	7:56	well		1:2				
12	755	1261		1-2				
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15								
16	(0.27	well		1 1 1		ļ		
17	10:45	Well		102				
18_	(0:45	well		1.7				
19	10155	119W		1.7				
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30	1		man and its old related to the man and the same of					
31						Design (pers) (see a constant		
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? notified by end of next business day.								
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300								
If yes,		itor every four hours turned to mg/L	Did continuous monitoring equipment fall at any reporting month? Yes No				Date continuous monitoring equipment failed:	
as rec	juired?	Yes No	If yes, were grab samples collected every four ho			hours until the	1 1	
Attach	n those result	s and submit them with	continuous monitoring equipment was returned to			d to service as	Date it was returned to service:	
this fo	rm.		required? Yes No			W 11 1 2	service.	
Attach grab sample results and submit them with this form.							1	
Printed Name: Tiffahy Godwin Tille: Director Te						Operator Certification #: OR		
Signature: (MATANIA DE								
Sroall Groundwater System								
Date: 1 1 125								

Return by 10th of following month by either email and the second field of the flat 971-673 or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019