

December

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 12 / 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				No school
2	6:55	well	1.0	→ 7:17 1.1
3	7:50	well	1.2	
4	7:45	well	1.2	
5	7:40	well	1.2	
6				
7				
8				
9	7:45	well	1.0	→ 7:55 1.2
10	6:05	well	1.2	
11	7:55	well	1.2	
12	7:50	well	1.2	
13				
14				
15				
16	6:27	well	1.1	
17	6:45	well	1.2	
18	6:45	well	1.2	
19	6:55	well	1.2	
20				
21				
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.

GWS Serving 3,300 or Fewer 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 Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Tiffany Gudwin Title: Director/Teacher Operator Certification #: 5-747398
 Signature: Tiffany Gudwin Phone #: (541) 761-8383 OR
 Date: 1/17/25 Small Groundwater System