

**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 JAN 2025 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				
7	6:50	well	1.1	
8	6:47	well	1.1	
9	6:28	well	1.1	
10				
11				
12				
13	6:30	well	1.1	
14	6:45	well	1.1	
15	6:46	well	1.1	
16	6:45	well	1.1	
17				
18				
19				
20				
21	6:50	well	1.0	→ 10:55 1.0 7:00 1.2
22	6:45	well	1.2	
23	6:45	well	1.2	
24				
25				
26				
27	6:55	well	1.2	
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><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: <u>Tiffany Godwin</u> Signature: <u>Tiffany Godwin</u> Date: <u>2/3/25</u>	Title: <u>Director/Teacher</u> Phone #: <u>(541) 761-8383</u>	Operator Certification #: <u>S-747398</u> OR Small Groundwater System <input type="checkbox"/>
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us) or fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.  
 dwp.dmce@state.or.us oregon.gov August 22, 2019