

**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 March 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		<u>NO School</u>		
3	<u>6:30</u>	<u>well</u>	<u>1.2</u>	
4	<u>6:40</u>	<u>well</u>	<u>1.2</u>	
5	<u>6:40</u>	<u>well</u>	<u>1.2</u>	
6	6:40			
7				
8		<u>NO School</u>		
9				
10	<u>6:45</u>	<u>well</u>	<u>1.0</u> →	<u>6:55 1.2</u>
11	<u>6:45</u>	<u>well</u>	<u>1.2</u>	
12	<u>6:45</u>	<u>well</u>	<u>1.2</u>	
13	<u>6:30</u>	<u>well</u>	<u>1.2</u>	
14				
15		<u>NO School</u>		
16				
17				
18	<u>6:48</u>	<u>well</u>	<u>1.2</u>	
19	<u>6:48</u>	<u>well</u>	<u>1.2</u>	
20	<u>6:50</u>	<u>well</u>	<u>1.2</u>	
21				
22				
23				
24				
25		<u>NO School</u>		
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? ☐ Yes ☐ 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? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Tiffany Godwin

Title: Director/Teacher

Operator Certification #:

S-747398

Signature: Tiffany Godwin

Phone #: (541) 761-8383

OR

Date: 4/10/25

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dince@state.or.us fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

dwp.dince@odhsona.oregon.gov

August 22, 2019