

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

System Name Sunny Wolf Charter Preschool
Month/Year April / 2025 Entry Point: Kitchen Sink

PWS ID# 41-95068
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	6:30	well	1.0	→ 6:40 1.2
2	6:30	well	1.2	
3	6:35	well	1.2	
4				
5				
6				
7	6:45	well	1.2	
8	6:30	well	1.2	
9	6:30	well	1.2	
10	6:30	well	1.2	
11				
12				
13				
14	6:35	well	1.0	→ 7:00 1.2
15	6:25	well	1.2	
16	6:35	well	1.2	
17	6:25	well	1.2	
18				
19				
20				
21	6:25	well	1.2	
22	6:30	well	1.2	
23	6:35	well	1.2	
24	6:35	well	1.2	
25				
26				
27				
28	6:27	well	1.2	
29	6:30	well	1.2	
30	6:30	well	1.2	
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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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

Signature: Tiffany Godwin

Date: 04 / 30 / 2025

Title: Director / Teacher

Phone #: (541) 761-8383

Operator Certification #:

OR S-747398

Small Groundwater System ☐

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

dup.amc@state.or.us

August 22, 2019