

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

Used
Bottle
water
★

System Name **Sunny Wolf Charter Preschool** PWS ID# **41 95068**
 Month/Year **Dec / 2015** 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	6:45	well	0.4	retest 7:00 0.6 → 10am = 1.03
2	6:20	well	1.03	
3	6:35	well	1.2	
4	6:25	well	1.2	
5	C closed			
6				
7				
8	6:35	well	1.0	→ retest 6:40 1.2
9	6:42	well	1.2	
10	6:35	well	1.2	
11	6:25	well	1.2	
12	closed			
13				
14				
15	6:40	well	1.0	→ retest 6:55 1.2
16	6:30	well	1.2	
17	6:35	well	1.2	
18	6:30	well	1.2	
19	closed			
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 1.03 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>GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to 1.03 mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.</p>	<p>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.</p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: **Tiffany Gregory** Title: **Director/Teacher** Operator Certification #: **S-747398**
 Signature: *Tiffany Gregory* Phone #: **(541) 761-8383** OR
 Date: **1/10/2016** Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsosha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.