

**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 **APR 2014** Entry Point: **Kitchen Sink** Required Minimum Residual **1.03 mg/L**
3/20

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Closed		retest
2	6:30	well	0.2	→ 6:35 0.8 → 8:36 1.2
3	6:30	well	0.8	→ retest 6:45 → 1.0 → 7:00 am → 1.2
4	6:40	well	0.6	→ retest 6:50 → 0.8 → 7:00 → 1.2
5	6:25	well	0.8	→ retest 6:45 → 1.2
6				
7		Closed		
8				
9	6:25	well	0.0	→ retest → 6:45 → 0.8 → 7:00 → 1.0 → 7:05 → 1.2
10	6:25	well	0.6	→ retest 6:40 → 0.8 → 7:00 → 1.0 → 7:30 → 1.2
11	6:25	well	0.6	→ retest 6:40 → 0.8 → 7:00 → 1.1
12	8:15	well		8:20 - 1.2
13				
14		Closed		
15				
16	6:30	well	0.6	8:35 1.2
17	6:45	well	0.6	8:10 1.2
18	6:30	well	0.6	9:23 1.2
19	6:30	well	0.6	8:36 1.2
20				
21				
22				
23				
24		Closed		
25				
26				
27				
28				
29				
30	6:40	well	0.4	retest → 8:11 → 1.2
31	6:41	well	0.6	retest → 8:17 → 1.2

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? 3 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 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: **4/10/2014** Small Groundwater System