

**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 NOV 1 2022 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	1.2	
2	6:45	well	1.2	
3	7:00	well	1.2	
4				
5				
6				
7	6:45	well	1.3	
8	6:45	well	1.3	
9	6:45	well	1.2	
10	6:45	well		
11				
12				
13				
14	6:45	well	1.2	
15	6:45	well	1.2	
16	6:45	well	1.2	
17	6:45	well	1.2	
18				
19				
20				
21	6:45	well	1.0	
22	6:45	well	0.8/1.0	→ retested 7:55 1.0
23	6:45	well	1.2	
24	6:45	well	1.2	
25				
26				
27				
28	6:45	well	1.2	
29	6:45	well	1.2	
30	6:45	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? \_\_\_\_\_ 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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____	

Printed Name: Tiffany Godwin Title: Director/Teacher Operator Certification #: \_\_\_\_\_  
 Signature: Tiffany Godwin Phone #: (541) 721-8383 OR  
 Date: 1 1 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.