

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

System Name Sunny Wolf Charter Preschool
 Month/Year Oct / 2023 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				
2	6:45	well	1.1	
3	6:50	well	1.1	
4	6:45	well	1.1	
5	6:45	well	1.1	
6				
7				
8				
9	6:50	well	1.1	
10	6:50	well	1.1	
11	6:40	well	1.1	
12	6:40	well	1.1	
13				
14				
15				
16	6:45	well	1.1	
17	6:35	well	1.1	
18	6:40	well	1.1	
19	6:35	well	1.1	
20				
21				
22				
23	6:50	well	0.8/1.0 →	retest 6:57 1.1
24	6:40	well	1.1	
25	6:50	well	1.1	
26				
27				
28				
29				
30	6:55	well	1.1	
31	6:40	well	0.8/1.0 →	1.1

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. 30 min

<p>GWS Serving 3,300 or Fewer</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>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</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>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>	

Printed Name: Tiffany Godwin Title: Director/Teacher Operator Certification #: S-747398
 Signature: Tiffany Godwin Phone #: (541) 761-8383 OR
 Date: 1 Small Groundwater System

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

dwp.dm@state.or.us August 22, 2019