

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

System Name Sunny Wolf Charter Preschool
 Month/Year Nov 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	6:45	well	1.1	
2	6:40	well	1.1	
3				
4		NO School		
5				
6	6:45	well	1.0	→ retest 6:50 1.1
7	6:45	well	1.1	
8	6:50	well	1.1	
9	6:45	well	1.1	
10				
11				
12				
13	6:45	well	1.1	
14	6:50	well	1.0	→ 7:00 1.1
15	6:50	well	1.1	
16	6:50	well	1.1	
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27	6:40	well	0	→ retest 6:50 0.1 → 8:30 1.1
28	6:42	well	1.1	
29	6:50	well	1.1	
30	6:45	well	1.1	
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>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>
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Printed Name: Tiffany Godwin Title: Director/Teacher Operator Certification #: 5-747398
 Signature: Tiffany Godwin Phone #: (541) 761-8383 OR Small Groundwater System
 Date: 11/1/23

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

dwp.dmce@odhnscha.org