

**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 March 2024 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				
2				
3		<u>closed</u>		
4	<u>6:45</u>	<u>well</u>	<u>0.8</u>	<u>→ 6:55 1.1</u>
5	<u>6:55</u>	<u>well</u>	<u>1.1</u>	
6	<u>6:45</u>	<u>well</u>	<u>1.1</u>	
7				
8				
9		<u>closed</u>		
10				
11	<u>6:45</u>	<u>well</u>	<u>1.1</u>	
12	<u>6:45</u>	<u>well</u>	<u>1.0</u>	<u>→ retest 7:00 1.1</u>
13	<u>6:50</u>	<u>well</u>	<u>1.1</u>	
14	<u>6:50</u>	<u>well</u>	<u>1.1</u>	
15				
16		<u>closed</u>		
17				
18	<u>6:40</u>	<u>well</u>	<u>0.2</u>	<u>→ retest 8:30 1.1</u>
19	<u>6:55</u>	<u>well</u>	<u>1.1</u>	
20	<u>6:45</u>	<u>well</u>	<u>1.1</u>	
21	<u>6:50</u>	<u>well</u>	<u>1.1</u>	
22				
23				
24				
25				
26				
27		<u>closed</u>		
28				
29				
30				
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: <u>Tiffany Godwin</u>	Title: <u>Director/Teacher</u>	Operator Certification #: <u>S-747398</u>
Signature: <u>Tiffany Godwin</u>	Phone #: <u>(541) 761-8383</u>	OR <input type="checkbox"/>
Date: <u>1</u>		Small Groundwater System <input type="checkbox"/>

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

dwp.am@cedatinscha.org

August 22, 2019