

dwp. 01/12/2022 01:00:00 PM - STATE OF OR. 45 4/1  
 State of Oregon Drinking Water Program  
 Monthly Disinfection Report for Ground Water Systems

System Name Callahan's Mtn Lodge PWS ID# 4191551  
 Month/Year 10 12022 Entry Point: Hiker bathroom Required Minimum Residual 8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1420	Spring 2,3,4,5,6	2.20	
2	1515	Spring 2,3,4,5,6	2.18	
3	1505	Spring 2,3,4,5,6	2.15	add 10 gal water + 2 gal chlorine
4	1538	Spring 2,3,4,5,6	2.16	
5	1540	Spring 2,3,4,5,6	2.18	
6	1550	Spring 2,3,4,5,6	2.28	
7	1551	Spring 2,3,4,5,6	2.14	
8	1600	Spring 2,3,4,5,6	2.17	
9	1547	Spring 2,3,4,5,6	2.19	
10	1605	Spring 2,3,4,5,6	2.16	
11	1518	Spring 2,3,4,5,6	2.10	
12	1415	Spring 2,3,4,5,6	2.09	
13	1602	Spring 2,3,4,5,6	2.10	
14	1516	Spring 2,3,4,5,6	2.14	
15	1528	Spring 2,3,4,5,6	2.12	add 5 gal water / 1 gal chlorine
16	1543	Spring 2,3,4,5,6	2.10	
17	1514	Spring 2,3,4,5,6	2.00	
18	1540	Spring 2,3,4,5,6	1.98	
19	1602	Spring 2,3,4,5,6	1.90	
20	1600	Spring 2,3,4,5,6	2.08	
21	1430	Spring 2,3,4,5,6	2.11	
22	1505	Spring 2,3,4,5,6	2.09	
23	1615	Spring 2,3,4,5,6	2.05	
24	1514	Spring 2,3,4,5,6	2.00	
25	1600	Spring 2,3,4,5,6	1.90	add 5 gal water / 1 gal chlorine
26	1610	Spring 2,3,4,5,6	1.95	
27	1700	Spring 2,3,4,5,6	2.20	
28	1343	Spring 2,3,4,5,6	2.18	
29	1504	Spring 2,3,4,5,6	2.16	
30	1415	Spring 2,3,4,5,6	2.19	
31	1435	Spring 2,3,4,5,6	2.21	

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

<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?</p> <p>Attach those results and submit them with this form.</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? <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: Robert Newman Title: Maintenance Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 297-3758 OR  
 Date: 1 1 Small Groundwater System