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

System Name   Riverstone MHP   PWS ID#   4 1 00240

Month/Year _ 4/2021   Entry Point: Pump House   Required Minimum Residual   .20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:30	Well 1 and 2	.24	
2	"	" "	.26	
3	"	" "	.26	
4	"	" "	.27	
5	"	" "	.29	
6	"	" "	.30	
7	"	" "	.28	
8	"	" "	.30	
9	"	" "	.29	
10	"	" "	.28	
11	"	" "	.30	
12	"	" "	.32	
13	"	" "	.30	
14	"	" "	.28	
15	"	" "	.27	
16	"	" "	.23	
17	"	" "	.32	
18	"	" "	.24	
19	"	" "	.27	
20	"	" "	.27	
21	"	" "	.27	
22	"	" "	.25	
23	"	" "	.29	
24	"	" "	.25	
25	"	" "	.26	
26	"	" "	.28	
27	"	" "	.26	
28	"	" "	.31	
29	"	" "	.27	
30	"	" "	.33	
31	✗	" ✗	✗	

Was the chlorine residual ever less than the required minimum residual of .20 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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to ____ mg/L as required? ☐ Yes ☐ No *Attach those results and submit them with this form.*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No *Attach grab sample results and submit them with this form.*	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Lee Wege Signature: _____ Date: 5 / 1 / 21	Title: Manager/Operator Phone #: (541) 942-4147	Operator Certification #: OR Small Groundwater System ☒

December 19, 2012