

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

System Name **Riverstone MHP**

PWS ID# **41 00240**

Month/Year **_ 7/2021**

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	.31	
2	11	"	.36	
3	"	"	.35	
4	"	"	.35	
5	"	"	.36	
6	"	"	.36	
7	"	"	.31	
8	11	"	.31	
9	11	"	.31	
10	"	"	.32	
11	11	"	.28	
12	11	"	.31	
13	11	"	.28	
14	11	"	.27	
15	11	"	.27	
16	11	"	.27	
17	11	"	.31	
18	11	"	.35	
19	11	"	.26	
20	11	"	.24	
21	11	"	.35	
22	11	"	.29	
23	11	"	.37	
24	11	"	.30	
25	11	"	.30	
26	11	"	.28	
27	11	"	.25	
28	11	"	.25	
29	11	"	.29	
30	11	"	.25	
31	11	"	.32	

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

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.

GWS Serving More Than 3,300

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: 8/1/21

Title: Manager/Operator

Phone #: (541) 942-4147

Operator Certification #:

OR

Small Groundwater System ☒

December 19, 2012