

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

System Name Riverstone MHP

PWS ID# 4 1 00240

Month/Year 8/2021

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	.35	
2	"	"	.28	
3	"	"	.31	
4	"	"	.40	
5	"	"	.29	
6	"	"	.30	
7	"	"	.35	
8	"	"	.31	
9	"	"	.35	
10	"	"	.30	
11	"	"	.27	
12	"	"	.29	
13	"	"	.32	
14	"	"	.29	
15	"	"	.31	
16	"	"	.34	
17	"	"	<del>.35</del> .29	
18	"	"	.35	
19	"	"	.29	
20	"	"	.29	
21	"	"	.28	
22	"	"	.31	
23	"	"	.37	
24	"	"	.34	
25	"	"	.32	
26	"	"	.31	
27	"	"	.24	
28	"	"	.28	
29	"	"	.30	
30	"	"	.32	
31	"	"	.33	

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

Title: Manager/Operator

Operator Certification #:

Signature: 

Phone #: (541) 942-4147

OR

Date: 9/1/21

Small Groundwater System ☒

December 19, 2012