

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

System Name Riverstone MHP

PWS ID# 41 00240

Month/Year 9/2021

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	11	Well 1 and 2	.26	
2	11	"	.29	
3	11	"	.26	
4	11	"	.28	
5	11	"	.29	
6	11	"	.29	
7	11	"	.29	
8	11	"	.20	
9	11	"	.36	
10	11	"	.29	
11	11	"	.29 .22	
12	11	"	.38	
13	11	"	.31	
14	11	"	.31	
15	11	"	.31	
16	11	"	.29	
17	11	"	.36	
18	11	"	.23	
19	11	"	.23	
20	11	"	.32	
21	11	"	.23	
22	11	"	.23	
23	11	"	.25	
24	11	"	.28	
25	11	"	.27	
26	11	"	.26 .27	
27	11	"	.26	
28	11	"	.26	
29	11	"	.22 .24	
30	11	"	.22	
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?
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: 10/1/21

Small Groundwater System ☒

December 19, 2012