

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

System Name    Riverstone MHP		PWS ID#    41 00240	
Month/Year    11/2021	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	.28	
2	11	"	.24	
3	11	"	.30	
4	11	"	.30	
5	"	"	.34	
6	"	"	.25	
7	"	"	.28	
8	"	"	.28	
9	"	"	.25	
10	"	"	.30	
11	"	"	.26	
12	"	"	.25	
13	"	"	.27	
14	"	"	.30	
15	"	"	.32	
16	"	"	.27	
17	"	"	.24	
18	"	"	.27	
19	"	"	.22	
20	"	"	.25	
21	"	"	.27	
22	"	"	.31	
23	"	"	.25	
24	"	"	.28	
25	"	"	.29	
26	"	"	.28	
27	"	"	.28	
28	"	"	.26	
29	"	"	.29	
30	"	"	.28	
31		"		

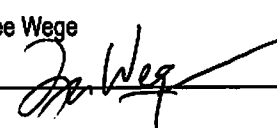
Was the chlorine residual ever less than the required minimum residual of .20 mg/L?    ☐ Yes    ☒ No

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.

<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 as required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></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 as required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
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Printed Name: Lee Wege Signature:  Date: 12/1/21	Title: Manager/Operator Phone #: (541) 942-4147	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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