

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

System Name Riverstone MHP

PWS ID# 4 1 00240

Month/Year 12/2021

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

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**

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: 12/11/21

Small Groundwater System ☒

December 19, 2012