

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

System Name Riverstone MHP		PWS ID# 4 1 00240	
Month/Year _ 3/2022		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	9:30	"	.26	
3	9:30	"	.32	
4	9:30	"	.23	
5	9:30	"	.24	
6	9:30	"	.24	
7	9:30	"	.29	
8	9:30	"	.31	
9	9:30	"	.24	
10	9:30	"	.27	
11	9:30	"	.33	
12	9:30	"	.27	
13	9:30	"	.30	
14	9:30	"	.27	
15	9:30	"	.26	
16	9:30	"	.26	
17	9:30	"	.30	
18	9:30	"	.30	
19	9:30	"	.28	
20	9:30	"	.30	
21	9:30	"	.30	
22	9:30	"	.29	
23	9:30	"	.25	
24	9:30	"	.27	
25	9:30	"	.29	
26	9:30	"	.29	
27	9:30	"	.26	
28	9:30	"	.27	
29	9:30	"	.28	
30	9:30	"	.29	
31	9:30	"	.29	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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: 3/1/22	Title: Manager/Operator Phone #: (541) 942-4147	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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