

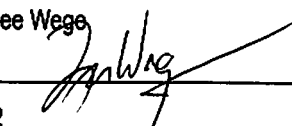
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name	Riverstone MHP	PWS ID#	41 00240
Month/Year	11/2022	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	.28	
2	9:30	"	.30	
3	9:30	"	.39	
4	9:30	"	.32	
5	9:30	"	.32	
6	9:30	"	.32	
7	9:30	"	.32	
8	9:30	"	.30	
9	9:30	"	.29	
10	9:30	"	.29	
11	9:30	"	.30	
12	9:30	"	.30	
13	9:30	"	.29	
14	9:30	"	.35	
15	9:30	"	.31	
16	9:30	"	.26	
17	9:30	"	.26	
18	9:30	"	.28	
19	9:30	"	.22	
20	9:30	"	.27	
21	9:30	"	.29	
22	9:30	"	.42	
23	9:30	"	.28	
24	9:30	"	.25	
25	9:30	"	.26	
26	9:30	"	.24	
27	9:30	"	.25	
28	9:30	"	.30	
29	9:30	"	.31	
30	9:30	"	.29	
31	9:30	"		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i>	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Lee Wege Signature:  Date: 12/1/22	Title: Manager/Operator Phone #: (541) 942-4147	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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