

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

System Name Riverstone MHP

PWS ID# 41 00240

Month/Year 2/2023

Entry Point: 3Pump 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     | .34  |       |
| 2    | 9:30 | "                | .33  |       |
| 3    | 9:30 | "                | .34  |       |
| 4    | 9:30 | "                | .34  |       |
| 5    | 9:30 | "                | .31  |       |
| 6    | 9:30 | "                | .29  |       |
| 7    | 9:30 | "                | .31  |       |
| 8    | 9:30 | "                | .30  |       |
| 9    | 9:30 | "                | .36  |       |
| 10   | 9:30 | "                | .36  |       |
| 11   | 9:30 | "                | .35  |       |
| 12   | 9:30 | "                | .35  |       |
| 13   | 9:30 | "                | .33  |       |
| 14   | 9:30 | "                | .34  |       |
| 15   | 9:30 | "                | .34  |       |
| 16   | 9:30 | "                | .31  |       |
| 17   | 9:30 | "                | .33  |       |
| 18   | 9:30 | "                | .32  |       |
| 19   | 9:30 | "                | .33  |       |
| 20   | 9:30 | "                | .32  |       |
| 21   | 9:30 | "                | .29  |       |
| 22   | 9:30 | "                | .36  |       |
| 23   | 9:30 | "                | .37  |       |
| 24   | 9:30 | "                | .36  |       |
| 25   | 9:30 | "                | .37  |       |
| 26   | 9:30 | "                | .36  |       |
| 27   | 9:30 | "                | .37  |       |
| 28   | 9:30 | "                | .38  |       |
| 29   | 9:30 | "                |  |       |
| 30   | 9:30 | "                |  |       |
| 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?  
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: 3/1/23

Small Groundwater System ☒