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

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  GWS Serving More Than 3,300  Date continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No  If yes, were grab samples collected every four hours until the	System Name Riverstone MHP PWS ID# 4 1 00240							
Date   Time   Source(s) in use   residual at entry point to distribution system (mg/L)	Month/Year _ 3/2023 Entry Point: 3Pump House Required Minimum Residual .20 mg/L							
2 9:30	Date	Time	Source(s) i	n use	residual at entry point to	.)	Notes	
2 9:30	1	9:30	Well 1 and 2					
3 9:30			9					
5   9:30	3							
6   9:30								
9   9:30   9:30   3  3  4  5  5  5  5  5  5  5  5  5  5  5  5  5					.32			
8 9 930								
9 9:30								
10 9:30					. 3(e			
11 9:30			<u> </u>	<u>.</u>	. 34			
12		<del></del>			.35			
13			<u> </u>					
14			<u> </u>		. 31			
15					.30	1		
16	14							
17   9:30   "   .34   .34   .34   .34   .34   .34   .34   .34   .35								
18 9:30		<del>}</del>						
19   9:30	17	9:30						
20 9:30 "	18	9:30			,36			
21 9:30	19	9:30			,40			
21   9.30   9.	20	9:30	10		,43			
39   30   30   30   30   30   30   30	21	9:30	•					
24   9:30   "	22	9:30						
25 9:30 " .45  26 9:30 " .43  27 9:30 " .42  28 9:30 " .37  29 9:30 " .37  30 9:30 " .31  31 9:30 " .28  Was the chlorine residual ever less than the required minimum residual of .20 mg/L?	23	9:30	•		,43			
26   9:30   "	24	9:30	a		.45	!		
27   9:30   "   39   39:30   "   31   30   9:30   "   31   9:30   "   31   9:30   "   31   30   30   30   30   30   30   30	25	9:30	p					
28 9:30 " .31 29 9:30 " .31 30 9:30 " .2½  Was the chlorine residual ever less than the required minimum residual of .20 mg/L?	26	9:30	19		. 43			
30   9:30   "   2   2   3   3   3   3   3   3   3   3	27	9:30	10	<u>.</u>		ii	·	
30 9:30 "	28	9:30	a		.39			
Was the chlorine residual ever less than the required minimum residual of .20 mg/L?	29	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 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.  Date 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	30	9:30						
If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program 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.  Did continuous monitoring equipment fail at any time this reporting month? Yes No  Date continuous monitoring equipment was returned to service as required? Yes No	31	9:30	<u> </u>		1 ,24			
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.  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	If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
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.  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	GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
as required?	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			Did continuous monitoring equipment fail at any time this Date continuous monitoring				
				continuous monitoring equipment was returned to service as Date it was returned to				
Attach grab sample results and submit them with the contract				•	mple results and submit them	with this form.	1 1	
Printed Name: Lee Wege Title: Manager/Operator Operator Certification #:	Printed Name: Lee Wege					Operator Certification #:		
Signature: Phone #: (541) 942-4147 OR	Sinnatu	te.	) 1/as	Phone #: (541) 942-4147			OR	
Date: 4/1/23 Small Groundwater System 🖂	~		on way		· · · · · · · · · · · · · · · · · · ·	Small G	roundwater System 🖂	

December 19, 2012