

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

System Name Riverstone MHP

PWS ID# 41 00240

Month/Year 09/2023

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		Well 1 and 2	35	
2		"	34	
3		"	35	
4		"	36	
5		"	34	
6		"	36	
7		"	35	
8		"	33	
9		"	34	
10		"	34	
11		"	34	
12		"	35	
13		"	36	
14		"	34	
15		"	37	
16		"	36	
17		"	35	
18		"	35	
19		"	34	
20		"	36	
21		"	37	
22		"	35	
23		"	34	
24		"	34	
25		"	37	
26		"	36	
27		"	37	
28		"	36	
29		"	34	
30		"	36	
31		"	N/A	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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: James T Boardman

Title: Manager/Operator

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: (541) 942-4147

OR

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Small Groundwater System ☒