

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

System Name **Riverstone MHP**

PWS ID# **4 1 00240**

Month/Year **10/2023**

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 | 9:30 | Well 1 and 2 | 36 | |
| 2 | 9:30 | " | 34 | |
| 3 | 9:30 | " | 36 | |
| 4 | 9:30 | " | 37 | |
| 5 | 9:30 | " | 36 | |
| 6 | 9:30 | " | 36 | |
| 7 | 9:30 | " | 37 | |
| 8 | 9:30 | " | 39 | |
| 9 | 9:30 | " | 37 | |
| 10 | 9:30 | " | 36 | |
| 11 | 9:30 | " | 37 | |
| 12 | 9:30 | " | 36 | |
| 13 | 9:30 | " | 32 | |
| 14 | 9:30 | " | 32 | |
| 15 | 9:30 | " | 38 | |
| 16 | 9:30 | " | 36 | |
| 17 | 9:30 | " | 36 | |
| 18 | 9:30 | " | 37 | |
| 19 | 9:30 | " | 36 | |
| 20 | 9:30 | " | 37 | |
| 21 | 9:30 | " | 35 | |
| 22 | 9:30 | " | 35 | |
| 23 | 9:30 | " | 33 | |
| 24 | 9:30 | " | 34 | |
| 25 | 9:30 | " | 33 | |
| 26 | 9:30 | " | 34 | |
| 27 | 9:30 | " | 36 | |
| 28 | 9:30 | " | 34 | |
| 29 | 9:30 | " | 34 | |
| 30 | 9:30 | " | 34 | |
| 31 | 9:30 | " | 33 | |

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? ☐ 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

Small Groundwater System ☒

Date: **10/1/23**

December 19, 2012