


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

System Name **Riverstone MHP** PWS ID# **4 1 00240**
 Month/Year **_01/2025** 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	.34	
2	9:30	"	.36	
3	9:30	"	.36	
4	9:30	"	.35	
5	9:30	"	.35	
6	9:30	"	.35	
7	9:30	"	.36	
8	9:30	"	.36	
9	9:30	"	.36	
10	9:30	"	.35	
11	9:30	"	.38	
12	9:30	"	.38	
13	9:30	"	.36	
14	9:30	"	.36	
15	9:30	"	.37	
16	9:30	"	.38	
17	9:30	"	.38	
18	9:30	"	.37	
19	9:30	"	.37	
20	9:30	"	.37	
21	9:30	"	.37	
22	9:30	"	.36	
23	9:30	"	.36	
24	9:30	"	.37	
25	9:30	"	.37	
26	9:30	"	.37	
27	9:30	"	.36	
28	9:30	"	.37	
29	9:30	"	.38	
30	9:30	"	.37	
31	9:30	"	.34	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Misty Dean	Title: Manager/Operator	Operator Certification #:
Signature: 	Phone #: (541) 942-4147	OR
Date: 01 / 1 / 25		Small Groundwater System <input checked="" type="checkbox"/>