

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

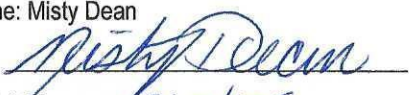
System Name Riverstone MHP		PWS ID# 4 1 00240	
Month/Year _02/2025		Entry Point: Pump House	
		Required Minimum Residual .20 mg/L	

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	.37	
2	9:30	"	.36	
3	9:30	"	.36	
4	9:30	"	.36	
5	9:30	"	.37	
6	9:30	"	.37	
7	9:30	"	.37	
8	9:30	"	.36	
9	9:30	"	.33	
10	9:30	"	.29	
11	9:30	"	.29	
12	9:30	"	.30	
13	9:30	"	.31	
14	9:30	"	.31	
15	9:30	"	.31	
16	9:30	"	.30	
17	9:30	"	.31	
18	9:30	"	.31	
19	9:30	"	.31	
20	9:30	"	.31	
21	9:30	"	.32	
22	9:30	"	.32	
23	9:30	"	.32	
24	9:30	"	.32	
25	9:30	"	.33	
26	9:30	"	.32	
27	9:30	"	.32	
28	9:30	"	.32	
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? 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> <div style="display: flex;"> <div style="flex: 1;"> <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> </div> <div style="flex: 1; padding-left: 10px;"> <p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p> </div> </div>
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Printed Name: Misty Dean Signature:  Date: 02/11/25 3/10/25	Title: Manager/Operator Phone #: (541) 942-4147	Operator Certification #: <div style="text-align: center;">OR</div> Small Groundwater System <input checked="" type="checkbox"/>
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