

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


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| System Name Riverstone MHP | | PWS ID# 4 1 00240 | |
| Month/Year 08/2025 | | 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 | .24 | |
| 2 | 9:30 | " | .23 | |
| 3 | 9:30 | " | .24 | |
| 4 | 9:30 | " | .23 | |
| 5 | 9:30 | " | .40 | |
| 6 | 9:30 | " | .39 | |
| 7 | 9:30 | " | .35 | |
| 8 | 9:30 | " | .31 | |
| 9 | 9:30 | " | .29 | |
| 10 | 9:30 | " | .33 | |
| 11 | 9:30 | " | .35 | |
| 12 | 9:30 | " | .37 | |
| 13 | 9:30 | " | .31 | |
| 14 | 9:30 | " | .27 | |
| 15 | 9:30 | " | .27 | |
| 16 | 9:30 | " | .26 | |
| 17 | 9:30 | " | .24 | |
| 18 | 9:30 | " | .22 | |
| 19 | 9:30 | " | .23 | |
| 20 | 9:30 | " | .30 | |
| 21 | 9:30 | " | .34 | |
| 22 | 9:30 | " | .27 | |
| 23 | 9:30 | " | .26 | |
| 24 | 9:30 | " | .26 | |
| 25 | 9:30 | " | .24 | |
| 26 | 9:30 | " | .43 | |
| 27 | 9:30 | " | .41 | |
| 28 | 9:30 | " | .39 | |
| 29 | 9:30 | " | .30 | |
| 30 | 9:30 | " | .28 | |
| 31 | 9:30 | " | .28 | |

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.

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| <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> |
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| Printed Name: Misty Dean Signature:  Date: 08 / 01 / 25 | Title: Manager/Operator Phone #: (541) 942-4147 | Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/> |
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