

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

System Name Riverstone MHP

PWS ID# 4 1 00240

Month/Year 09/2025

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	.20	
2	9:30	"	.29	
3	9:30	"	.40	
4	9:30	"	.38	
5	9:30	"	.38	
6	9:30	"	.32	
7	9:30	"	.30	
8	9:30	"	.29	
9	9:30	"	.25	
10	9:30	"	.23	
11	9:30	"	.40	
12	9:30	"	.40	
13	9:30	"	.38	
14	9:30	"	.38	
15	9:30	"	.31	
16	9:30	"	.30	
17	9:30	"	.28	
18	9:30	"	.29	
19	9:30	"	.35	
20	9:30	"	.34	
21	9:30	"	.35	
22	9:30	"	.31	
23	9:30	"	.30	
24	9:30	"	.32	
25	9:30	"	.33	
26	9:30	"	.30	
27	9:30	"	.35	
28	9:30	"	.34	
29	9:30	"	.32	
30	9:30	"	.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.

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: Misty Dean

Signature: 

Date: 09 / 01 / 25

Title: Manager/Operator

Phone #: (541) 942-4147

Operator Certification #:

OR

Small Groundwater System ☒