

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

System Name      Riverstone MHP			PWS ID#    41 00240	
Month/Year    10/2025		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	.43	
2	9:30	"	.42	
3	9:30	"	.39	
4	9:30	"	.37	
5	9:30	"	.34	
6	9:30	"	.33	
7	9:30	"	.32	
8	9:30	"	.36	
9	9:30	"	.37	
10	9:30	"	.39	
11	9:30	"	.39	
12	9:30	"	.42	
13	9:30	"	.41	
14	9:30	"	.39	
15	9:30	"	.39	
16	9:30	"	.40	
17	9:30	"	.41	
18	9:30	"	.39	
19	9:30	"	.38	
20	9:30	"	.40	
21	9:30	"	.42	
22	9:30	"	.40	
23	9:30	"	.41	
24	9:30	"	.43	
25	9:30	"	.46	
26	9:30	"	.46	
27	9:30	"	.49	
28	9:30	"	.46	
29	9:30	"	.40	
30	9:30	"	.35	
31	9:30	"	.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><b>GWS Serving 3,300 or Fewer</b></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>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>Attach grab sample results and submit them with this form.</p>
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Printed Name: Misty Dean  
Signature:   
Date: 10/1/25

Title: Manager/Operator  
Phone #: (541) 942-4147

Operator Certification #: OR  
Small Groundwater System