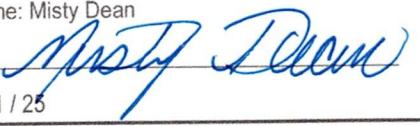State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name   Riverstone MHP   PWS ID#   4 1   00240

Month/Year _11/2025   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	.35	
2	9:30	"	.38	
3	9:30	"	.40	
4	9:30	"	.42	
5	9:30	"	.40	
6	9:30	"	.44	
7	9:30	"	.43	
8	9:30	"	.45	
9	9:30	"	.44	
10	9:30	"	.45	
11	9:30	"	.51	
12	9:30	"	.43	
13	9:30	"	.44	
14	9:30	"	.47	
15	9:30	"	.48	
16	9:30	"	.48	
17	9:30	"	.55	
18	9:30	"	.56	
19	9:30	"	.55	
20	9:30	"	.51	
21	9:30	"	.50	
22	9:30	"	.48	
23	9:30	"	.49	
24	9:30	"	.48	
25	9:30	"	.47	
26	9:30	"	.50	
27	9:30	"	.48	
28	9:30	"	.47	
29	9:30	"	.46	
30	9:30	"	.45	
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	**GWS Serving More Than 3,300**	
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.*	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   Title: Manager/Operator   Operator Certification #:

Signature: *Misty Dean*   Phone #: (541) 942-4147   OR

Date: 11 / 1 / 25   Small Groundwater System ☒

December 19, 2012