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

System Name   Riverstone MHP   PWS ID#   4 1 00240

Month/Year _12/2025   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	"	35	
3	9:30	"	35	
4	9:30	"	35	
5	9:30	"	38	
6	9:30	"	37	
7	9:30	"	35	
8	9:30	"	37	
9	9:30	"	35	
10	9:30	"	36	
11	9:30	"	36	
12	9:30	"	.26	
13	9:30	"	.23	
14	9:30	"	.27	
15	9:30	"	.27	
16	9:30	"	.26	
17	9:30	"	.29	
18	9:30	"	.32	
19	9:30	"	.36	
20	9:30	"	.36	
21	9:30	"	.39	
22	9:30	"	.36	
23	9:30	"	.36	
24	9:30	"	.39	
25	9:30	"	.40	
26	9:30	"	.43	
27	9:30	"	.42	
28	9:30	"	.40	
29	9:30	"	.41	
30	9:30	"	.39	
31	9:30	"	.38	

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 – <u>If > 4 hours, Drinking Water Program to be notified by end of next business day.</u>

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: 12 / 1 / 25		Small Groundwater System ☒

December 19, 2012