

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

System Name **OPRD LOEB STATE PARK**

PWS ID# **4 1 91019**

Month/Year **April / 2023** Entry Point: **Campsite # 1**

Required Minimum Residual **0.30 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2	2:20	# 1	.3	
3	1:10	# 1	.3	
4	4:05	# 1	.3	
5	1:40	# 1	.3	
6	1:52	# 1	.3	
7	3:32	# 1	0.34	
8	12:30	# 1	0.38	
9	11:45	# 1	.37	
10	3:15	# 1	.33	
11	2:45	# 1	0.42	
12	2:35	# 1	.34	
13	12:00 pm	# 1	.42	
14	1:15 pm	# 1	.38	
15	2:00	# 1	.3	
16	10:20 am	# 1	.38	
17	2:30 pm	# 1	0.35	
18	2:40	# 1	0.36	
19	12:30	# 1	.40	
20	12:30	# 1	.45	
21	3:30	# 1	0.38	
22	2:30	# 1	1.44	
23	3 pm	# 1	.40	
24	3:20	# 1	.35	
25	1:00	# 1	0.38	
26	2:00 pm	# 1	.44	
27	9:00 Am	# 1	.39	
28	11:00 am	# 1	.41	
29	2:30 pm	# 1	.41	
30	3:55 pm	# 1	.32	
31				

Emailed 5/2/23 (3)

Was the chlorine residual ever less than the required minimum residual of _____ 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>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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Connie Neave Title: Park Ranger Operator Certification #: _____
 Signature: Connie Neave Phone #: (541) 469-0224 OR
 Date: 5/12/2023 Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.