

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 MAY / 2023 Entry Point: CAMP SITE #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	2:30	#1	.33	
2	2:45	#1	.44	
3	3:00	#1	.40	
4	2:30	#1	.3.7	
5	12:00	#1	.3.4	
6	12:30	#1	.3.7	
7	2:00	#1	.33	
8	3:00	#1	.33	
9	3:30	#1	.5.8	
10	12:00	#1	.5.3	
11	11:30	#1	.5.4	
12	11:00	#1	.4.8	
13	2:30	#1	.5.1	
14	11:00 AM	#1	.48	
15	10:58 AM	#1	.42	
16	11:30	#1	.4.1	
17	2:30	#1	.4.2	
18	3:00	#1	.4.2	
19	10:00	#1	.4.0	
20	2:00	#1	.4.3	
21	2:00	#1	.4.3	
22	2:01	#1	.63	
23	10:30	#1	.3.8	
24	10:00	#1	.4.0	
25	11:00	#1	.5.0	
26	7:00 pm	#1	.41	
27	12:00	#1	.40	
28	1:00	#1	.43	
29	1:30	#1	.42	
30	3:00 pm	#1	.39	
31	9:00 AM	#1	.30	

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 checked="" 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 checked="" 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 <input checked="" type="checkbox"/> N/A</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: _____ Title: Park Ranger Operator Certification #: _____
 Signature: Connie Neuen Phone #: (541) 469-0224 OR
 Date: 5/31/2023 Small Groundwater System

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