

**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 **June / 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	9:00 AM	#1	.44	
2	8:00 AM	#1	.40	
3	2:30	#1	.46	
4	8:30 AM	#1	.31	
5	12:00 PM	#1	.40	
6	9:00 AM	#1	.46	
7	10:15 AM	#1	.32	
8	2:30 PM	#1	.42	
9	9:00 AM	#1	.43	
10	9:00	#1	.49	
11	8:30	#1	.47	
12	8:45	#1	.42	
13	9:00	#1	.42	
14	12:00	#1	.54	
15	2:00	#1	.47	
16	2:00	#1	.49	
17	6:30 PM	#1	.46	
18	9:30	#1	.48	
19	11:00	#1	.34	
20	2:30	#1	.51	
21	4:00	#1	.48	
22	3:00	#1	.47	
23	2:00	#1	.44	
24	5:30	#1	.42	
25	10:30	#1	.53	
26	2:00 PM	#1	.47	
27	12:00	#1	.46	
28	9:00 AM	#1	.46	
29	3:15 PM	#1	.37	
30	7:00 AM	#1	.48	
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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><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. <b>N/A</b></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 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</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>	

Printed Name: <b>Connie Newer</b>	Title: <b>Park Ranger</b>	Operator Certification #:
Signature: <i>Connie Newer</i>	Phone #: <b>(541) 469-0224</b>	OR
Date: <b>6/30/2013</b>		Small Groundwater System <input checked="" type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.