

**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 **July / 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 pm	#1	.14 / .31	2 Samples morning sample lower
2	10:45 am	#1	.28 / .32	was able to raise levels
3	11 am	#1	.23 / .34	Required level within 4 hours
4	5 pm	#1	.32	
5	3:00 pm	#1	.37	
6	11:00 AM	#1	.48	
7	1:30 pm	#1	.48	
8	3 pm	#1	.44	
9	10 am	#1	.42	
10	3 pm	#1	.47	
11	12:30	#1	.52	
12	4 pm	#1	.39	
13	1:15	#1	.39	
14	11 am	#1	.45	
15	2:45 pm	#1	.39	
16	2:45 pm	#1	.42	
17	12:30 pm / 3:45	#1	.63 / .48	
18	11:30 AM	#1	.46	
19	2:15	#1	.36	
20	11:00 AM	#1	.39	
21	2:45 pm	#1	.50	
22	3:30 pm	#1	.47	
23	1:50 pm	#1	.56	
24	11:30 AM	#1	.48	
25	8 pm	#1	.50	
26	4:30	#1	.46	
27	5:15	#1	.38	
28	3:30	#1	.48	
29	1:15 pm	#1	.41	
30	2:45 pm	#1	.40	
31	11 am	#1	.46	

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.</p> <p align="center"><b>NA</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>
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Printed Name: <b>Alan Jones</b>	Title: <b>Park Manager</b>	Operator Certification #: _____
Signature: <i>[Signature]</i>	Phone #: <b>(541) 469-0224</b>	OR
Date: <b>8/1/23</b>		Small Groundwater System <input 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.