

Monthly Disinfection Report for Groundwater Systems

System Name **OPRD LOEB STATE PARK**

PWS ID# **41 91019**

Month/Year **/** Entry Point:

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 | 1:30pm | #1 | .41 | |
| 2 | 1:20pm | #1 | .40 | |
| 3 | 12:30pm | #1 | .45 | |
| 4 | 1:20pm | #1 / | .40 | |
| 5 | 2:15pm | #1 | .45 | |
| 6 | 10:30am | #1 | .52 | |
| 7 | 8:30am | #1 | .50 | |
| 8 | 11:40am | #1 | .46 | |
| 9 | 1:30 | #1 | .47 | |
| 10 | 4:56pm | #1 | .47 | |
| 11 | 12:45 | #1 | .44 | |
| 12 | 12:20 | #1 | .44 | |
| 13 | 4:45 | #1 | .55 | |
| 14 | 11:30am | #1 | .40 | |
| 15 | 11:10 | #1 | .50 | |
| 16 | 12:45 | #1 | .53 | |
| 17 | 11:50 | #1 | .52 | |
| 18 | 10:45am | #1 | .43 | |
| 19 | 1:00 | #1 | .43 | |
| 20 | 12:30pm | #1 | .53 | |
| 21 | 3pm | #1 | .48 | |
| 22 | 1pm | #1 | .51 | |
| 23 | 11:30 | #1 | .50 | |
| 24 | 11:00 | #1 | .51 | |
| 25 | 7:30am | #1 | .48 | |
| 26 | 3:15pm | #1 | .47 | |
| 27 | 12pm | #1 | .48 | |
| 28 | 5pm | #1 | .42 | |
| 29 | 10:30 | #1 | .45 | |
| 30 | 10:20 | #1 | .47 | |
| 31 | 10:15 | #1 | .48 | |

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 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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p> |
|---|---|---|

Printed Name: _____ Title: Park Manager Operator Certification #: _____
 Signature: Adam Jones Phone #: (541) 661-3163 OR
 Date: 9/2/23 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.