

**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 **/**

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	10:45am	Site #1	.49	
2	10am	Site #1	.51	
3	3:15	Site #1	.46	
4	3:00	Site #1	.49	
5	3:50	Site #1	.50	
6	12:30	Site #1	.46	
7	6pm	Site #1	.48	
8	8:38am	Site #1	.44	
9	12:00	Site #1	.39	
10	1:00pm	Site #1	.39	
11	12:30	Site #1	.57	
12	10:49	Site #1	.47	
13	9:10am	Site #1	.53	
14	4:50pm	Site #1	.48	
15	9:50am	Site #1	.45	
16	10:45am	Site #1	.66	
17	1:46pm	Site #1	.67	
18	8am	Site #1	.78	
19	1:04pm	Site #1	.36	
20	2:22pm	Site #1	.41	
21	10am	Site #1	.47	
22	1:30	Site #1	.42	
23	12:00pm	Site #1	.46	
24	1:30pm	Site #1	.42	
25	3:15pm	Site #1	.35	
26	8:23am	Site #1	.33	
27	1:37pm	Site #1	.31	
28	8:15am	Site #1	.42	
29	8:30am	Site #1	.39	
30	8:30am	Site #1	.38	
31				

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>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) 469-0214</b>	OR
Date: <b>10/02/2023</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.

9/30/23 Gave to Harris - put on Adams door - (23)