

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **OPRD LOEB STATE PARK**

PWS ID# **41 91019**

Month/Year **10-1/23**

Entry Point: **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	11am	Site #1	.45	
2	1:53pm	Site #1	.33	
3	9:06AM	Site #1	.34	
4	11:50	site 1	.45	
5	11:31AM	Site #1	.36	
6	9:30am	site #1	.48	
7	8am	Site #1	.47	
8	10am	Site #1	.46	
9	9:30am	Site #1	.53	
10	8:25	Site #1	.48	
11	11:26	Site #1	.47	
12	9:50am	site #1	.45	
13	9am	Site #1	.41	
14	8am	Site #1	.50	
15	7:30am	Site #1	.55	
16	8:30am	Site #1	.45	
17	10:00AM	Site #1	.47	
18	12:20	Site #1	.41	
19	10:30	site #1	.48	
20	10:20	Site #1	.45	
21	8:30	Site #1	.46	
22	9am	Site #1	.39	
23	9:30am	Site #1	.40	
24	10:00am	Site #1	.42	
25	9:00 AM	Site #1	.40	
26	8:30am	Site #1	.45	
27	8:30am	Site #1	.41	
28	9:30am	Site #1	.48	
29	11:00am	Site #1	.41	
30	9:00am	Site #1	.45	
31	8:30am	Site #1	.43	

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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.  
**NA**

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: **Kevin Norman**  
 Signature: *[Handwritten Signature]*  
 Date: **11/1/23**

Title: **SPR 1**  
 Phone #: **(503) 469-0224**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

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.