

**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 **02 / 2024** 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	8:45am	Campsite #1	.33	LS
2	2pm	Site #1	.38	(B)
3	3pm	Site #1	.35	(B)
4	9am	site #1	.34	LS
5	9:15am	site #1	.41	LS
6	1:30p	site #1	.34	LS
7	12:45p	site #1	.36	LS
8	2p	site #1	.31	LS
9	12pm	Site #1	.38	(B)
10	12pm	Site #1	.45	(B)
11	11:30	Site #1	.43	(B)
12	10am	site #1	.37	LS
13	9am	site #1	.35	LS
14	9:15am	site #1	.30	LS
15	9:45A	site #1	.37	LS
16	9:44A	#1	.31	KN
17	11:30	Site #1	.42	(B)
18	9:00am	site #1	.38	LS
19	10am	site #1	.44	LS
20	9:15am	site #1	.32	LS
21	10:30am	site #1	.33	LS
22	10:00am	site #1	.33	LS
23	9:30 Am	Site #1	.32	LS
24	11am	Site #1	.48	LY
25	10:45am	site #1	.35	LS
26	10:00am	site #1	.30	LS
27	10:00am	site #1	.31	LS
28	10:00am	site #1	.30	LS
29	9:30am	site #1	.31	LS
30				LS
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>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 align="center">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 checked="" 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: Alan Jones Title: Park Manager Operator Certification #: _____
 Signature: _____ Phone #: () _____ OR
 Date: 3/7 / 2024 Small Groundwater System