

**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 **03 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	11am	Site#1	.32	(03)
2	12pm	Site#1	.31	(03)
3	11:30am	Site#1	.35	(03)
4	9:30am	#1	.36	KN
5	2:00	#1	.33	(03)
6	12:30	Site#1	.45	(03)
7	145	Site#1	.35	(03)
8	12pm	Site#1	.42	(03)
9	10am	SITE#1	.38	KN
10	12:00	SITE#1	.32	KN
11	12:00	SITE#1	.33	KN
12	4:15	Site#1	.31	(03)
13	3pm	Site#1	.42	(03)
14	11:30	Site#1	.37	(03)
15	1:45pm	SITE#1	.31	KN
16	11:40am	Site#1	.31	24
17	11:00am	#1	.31	KN
18	11:15am	#1	.42	KN
19	12:30	#1	.30	24
20	11:30am	#1	.40	KB
21	11:00	#1	.32	KN
22	3:10pm	#1	.40	KN
23	12:30pm	#1	.42	KN
24	12:00	#1	.35	KN
25	12:00	#1	.47	KN
26	2:00	#1	.35	KN
27	1:45	#1	.30	24
28	11:00	#1	.46	KN
29	10:30	#1	.30	KN
30	10:30	#1	.34	KN
31	11:00	#1	.30	KN

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><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: Adam Jones Title: Park Manager Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 661-5163 OR  
 Date: 4/2/2024 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.