

**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 **4 124** 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	11:00	#1	.40	
2	2:00	#1	.30	
3	1:15	#1	.31	
4	11:45	#1	.34	
5	12:45	#1	.31	
6	11:30 AM	#1	.32	
7	11:35 AM	#1	.32	
8	12:15	#1	.35	
9	11:00	#1	.35	
10	11:50	#1	.35	
11	11:20 AM	#1	.35	
12	12:20 PM	#1	.35	
13	12:25	#1	.25	
14	1:00 PM	#1	.35	
15	12:00	#1	.34	
16	12:30	#1	.34 .34	
17	12:00	#1	.30	
18	1:30	#1	.33	
19	1:35	#1	.36	
20	1:50	#1	.39	
21	1:00 PM	#1	.33	
22	12:30	#1	.33	
23	10:00	#1	.47	
24	2:00	#1	.40	
25	12:00	#1	.34	KN
26	12:45	#1	.35	
27	11:05 AM	#1	.37	
28	1:00	#1	.34	
29	11:30	#1	.36	
30	2:30	#1	.33	
31				

Emailod 5/2/24 commm.

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>Date it was returned to service: / /</p>	

Printed Name: Connie Newer Title: Park Ranger Operator Certification #: _____
 Signature: Connie Newer Phone #: (541) 469-0224 OR
 Date: 4 1 30 2024 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.