

**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 **11 / 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	2:40p	Site # 1	.30	KP
2	12:15p	Site # 1	.30	KP
3	12:45p	Site # 1	.33	KP
4	11:00	Site # 1	.32	KP
5	11:15	Site # 1	.30	KP
6	1:00p	Site # 1	.38	KP
7	10:45a	Site # 1	.32	KP
8	1:30p	Site # 1	.33	KP
9	11:11	Site # 1	.38	Paul
10	11:20	Site # 1	.35	Paul
11	11:35	Site # 1	.35	Paul
12	12:50pm	Site # 1	.31 .50	KP Paul
13	12:50pm	Site # 1	.31 .34 .50	KP Paul KP
14	12:00p	Site # 1	.33	KP
15	12:20p	Site # 1	.30	KP
16	1:50p	Site # 1	.33	KP
17	1:50p	Site # 1	.35	KP & PC
18	1:50	Site # 1	.35	Paul
19	11:30a	Site # 1	.30	KP
20	11:30a	Site # 1	.30	KP
21	12:10p	Site # 1	.32	KP
22	11:15p	Site # 1	.35	KP
23	12:01p	Site # 1	.30	KP
24	3pm		.30	KP
25	11am	Site # 1	.30	KP / Paul
26	1225	Site # 1	.48	JD
27	11:30am	Site # 1	.31	JD
28	10:50am	#1	.32	KP
29	11:20am	#1	.31	KP
30	10:45am	#1	.34	KP
31			.31	KP

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.

**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: **Adan Jones** Title: **PM**  
 Signature: \_\_\_\_\_ Phone #: **(541) 661-3163**  
 Date: **12 21 24**

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.