

**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 **JANUARY 01 / 2025** Entry Point: **CAMP 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	11:15 am	site #1	.31	
2	9:40 am	site #1	.31	
3	9:45 am	site #1	.37	
4	9:34 am	SITE #1	.34	
5	9:25 am	SITE #1	.36	
6	10:40 am	SITE #1	.4	
7	10:00 am	SITE #1	.35	
8	10:30 am	site #1	.36	
9	10:40 am	site #1	.35	
10	11:35 am	site #1	.35	
11	9:50 am	SITE #1	.37	
12	9:15 am	SITE #1	.37	
13	9:15 am	SITE #1	.36	
14	8:50 am	SITE #1	.37	
15	10:00 am	site #1	.35	
16	10:30 am	site #1	.39	
17	8:40 am	SITE #1	.39	
18	10:30 am	site #1	.38	
19	9:30 am	SITE #1	.34	
20	9:05 am	SITE #1	.37	
21	9:10 am	SITE #1	.35	
22	9:35 am	site #1	.34	
23	10:15 am	site #1	.35	
24	9:35 am	SITE #1	.38	
25	9:20 am	site #1	.38	
26	9:32 am	site #1	.32	
27	9:15 am	SITE #1	.31	
28	9:00 am	SITE #1	.32	
29	10:30 am	site #1	.32	
30	10:00 am	site #1	.35	
31	11:00 am	SITE #1	.39	

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 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: **Adam Jones** Title: **PM**
 Signature: *[Signature]* Phone #: **(541) 661-3163**
 Date: **2/7/25**

Operator Certification #: _____
 OR
 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.