

**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 **February 02 12025** Entry Point: **Comp 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	10:00a	site #1	.33	
2	10:30a	site #1	.39	
3	11:00a	site #1	.34	
4	1:00 pm	site #1	.31	
5	12:30pm	site #1	.34	
6	12:00pm	site #1	.34	
7	11:00am	site #1	.35	
8	10:00am	site #1	.37	
9	11:15 am	site #1	.38	
10	10:00 am	site #1	.31	
11	10:00pm	site #1	.40	
12	11:15 am	site #1	.39	
13	10:45 am	site #1	.38	
14	10:00 am	site #1	.38	
15	10:30 am	site #1	.36	
16	10:20 am	site #1	.37	
17	12:25	Site #1	.36	
18	8:40 AM	site #1	.37	
19	10:15 am	site #1	.32	
20	10:30 am	site #1	.37	
21	10:20 am	site #1	.38	
22	10:30 am	site #1	.37	
23	11:10	site #1	.37	
24	12:00P	site #1	.31	
25	3:30	#1 site	.34	
26	9:15	site #1	.31	
27	10:30	#1	.32	
28	10:30	#1	.45	
29				
30				
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>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>
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Printed Name: <u>Adam Jones</u> Signature: <u>[Signature]</u> Date: <u>3 13 125</u>	Title: <u>PM</u> Phone #: <u>(541) 461-3143</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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.