

**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 1205** Entry Point:

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	1:00	Site #1	.30	
2	1:40	Site #1	.30	
3	1:00	Site #1	.34	
4	12:30	#1	.31	
5	10:20am	#1	.30	
6	10:40am	#1	.32	
7	11:01am	#1	.39	
8	10:50am	#1	.35	
9	11:00am	#1	.35	
10	11:50	#1	.35	
11	10:40	#1	.30	
12	11:55	#1	.31	
13	11:30	#1	.37	
14	11:50	#1	.38	
15	11:20	#1	.34	
16	12:30	#1	.35	
17	12:20	#1	.35	
18	11:35	#1	.39	
19	11:05	#1	.35	
20	11:30a	#1	.32	
21	11:45	#1	.35	
22	11:30a	#1	.32	
23	1:00p	#1	.31	
24	11:00A	#1	.39	
25	11:30A	#1	.46	
26	1:00p	#1	.33	
27	11:30a	#1	.31	
28	10:00a	#1	.37	
29	11:45	#1	.49	
30	9:45	#1	.34	
31	12:30	#1	.32	

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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /  
Date it was returned to service:

/ /

Printed Name: **Adrian Jones**

Signature: *[Signature]*

Date: **411125**

Title: **Pam**

Phone #: **(541) 661-3163**

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