

**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 **MAY 12025** 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	10:45a	#1	.31	
2	12:30p	#1	.30	
3	2:00pm	#1	.33	
4	12:00	#1	.34	
5	11:40	#1	.34	
6	12:30	#1	.33	
7	10:30	#1	.31	
8	11:35	#1	.31	
9	2:05p	#1	.33	
10	1:00p	#1	.36	
11	12:50a	#1	.35	
12	12:00	#1	.36	
13	11:45	#1	.36	
14	1:15	#1	.36	
15	11am	#1	.37	
16	11:30AM	#1	.46	
17	10:30	#1	.40	
18	11:00	#1	.40	
19	12:00	#1	.38	
20	11:50	#1	.38	
21	1:15	#1	.38	
22	1:00PM	#1	.37	
23	12:30pm	#1	.47	
24	11:05AM	#1	.28	
25	12:20pm	#1	.35	
26	11:50	#1	.35	
27	12:10	#1	.35	
28	10:40	#1	.35	
29	10:45AM	#1	.31	
30	10:35a	#1	.38	
31	10:55a	#1	.43	

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:

Adam Jones

Title:

PM

Signature:

[Signature]

Phone #: (541) 661-3163

Operator Certification #:

OR

Date:

5/21/25

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.