

**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 **June 1 2025** 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	12:26	#1	.49	
2	1:30	#1	.32	
3	1:00	#1	.39	
4	12:40p	#1	.45	
5	11:40a	#1	.46	
6	12:40	#1	.45	
7	1400	#1	.48	
8	1317	#1	.49	
9	12:30	#1	.47	
10	1:06p	#1	.47	
11	12:36p	#1	.42	
12	1:45p	#1	.36	XP
13	12:30	#1	.42	KP
14	150	#1	.49	Nud
15	3pm	#1	#1 .57 #2.33	AH
16	4pm	#1	.5	AH
17	3:14	#1	.56	AH
18	3:00p	#1	.61	KP
19	12:30p	#1	.45	KP
20	11:00a	#1	.46	KP
21	120	#1	.38	KP
22	130	#1	.35	KP
23	12:15	#1	.43	KP
24	11:40a	#1	.37	KP
25	12:15p	#1	.41	KP
26	11:50a	#1	.39	KP
27	1:00p	#1	.40	KP
28	1pm	#1	.40	KP
29	9Am	#1	.40	PK
30	1pm	#1	.40	GA
31			.40	AH

Was the chlorine residual ever less than the required minimum residual of _____ mg/L?
If yes, what was the longest time period until the required level was restored?
notified by end of next business day.

☐ Yes ☐ No

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:

Signature:

Date:

Title:

Phone #: (541) 661-3163

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.