

**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 **July 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	2:32	Site #1	.41	AP
2	12:01	Site #1	.36	AP
3	12:40	Site #1	.33	AP
4	2:00	Site #1	.47	AP
5	2 pm	#1	.34	AP
6	1:30	#1	.30	AP
7	7 am	#1	.25	AP
8	7:40	#1	.35	AP
9	11:30 a	#1	.36	AP
10	11:15 a	#1	.39	AP
11	12:40 p	#1	.37	AP
12	3:44 pm	#25 #1	.37	AH
13	11:20 AM	#1	.33	AP
14	12:30 p	#1	.32	AP
15	1:40	#1	.32	AP
16	11:20	#1	.36	AP
17	11:50	#1	.30	AP
18	12:50	#1	.32	AP
19	1:30	#1	.41	AP
20		#1	.42	AP
21	2 pm	#1	.46	AP
22	1:20	#1	.46	AP
23	11:30	#1	.41	AP
24	11:40	#1	.41	AP
25	12:20	#1	.31	AP
26	1:20	#1	.40	AP
27	1:20	#1	.44	AP
28	2 pm	#1	.45	AP
29	9:30 a	#1	.47	AP
30	9:40 a	#1	.46	AP
31	10:50 a	#1	.37	AP

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:

Signature:

Date: **8 / 1 / 25**

Title:

Phone #: (541) 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.

August 22, 2019