

**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 **Aug / 2025** Entry Point: **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	12:45p	#1	.41	
2	9:48AM	#1	.39	
3	12:32p	#1	.44	
4	12:10p	#1	.48	KP
5	12:00	#1	.44	KP
6	12:00	#1	.50	KP
7	10:15a	#1	.42	KP
8	9:50a	#1	.44	KP
9	9:57	#1	.32	DB
10	9:57	#1	.45	AH
11	12:00	#1	.41	KP
12	1:00	#1	.49	KP
13	4:30a	#1	.51	KP
14	9:15a	#1	.53	KP
15	12:00p	#1	.51	KP
16	11:06a	#1	.48	DB
17	8:52	#1	.46	AH
18	11:00	#1	.46	KP
19	10:20	#1	.47	KP
20	12:30	#1	.45	KP
21	11:00	#1	.42	KP
22	11:45	#1	.41	KP
23	2:07	#1	.42	AH
24	1:38	#1	.40	AH
25	11:20	#1	.34	DB
26	11:00	#1	.37	DB
27	10:18	#1	.42	AH
28	11:40	#1	.39	AH
29	11:45	#1	.41	KP
30	10:30	#1	.41	DB
31	11:13	#1	.36	AH

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: **DM**

Operator Certification #:

Signature: *[Signature]*

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

OR

Date: **9/5/25**

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.

August 22, 2019