

**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 **Sept 1 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	10:20	#1	.42	KP
2	11:30	#1	.43	KP
3	2:30	#1	.36	KP
4	10:30	#1	.44	KP
5	11:45	#1	.37	KP
6	9:30a	#1	.43	DS
7	11:07	#1	.40	AT
8	10:00	#1	.40	KP
9	11:15	#1	.40	KP
10	10:30	#1	.42	KP
11	10:50	#1	.39	KP
12	12:47	#1	.42	AT
13	9:15	#1	.41	DS
14	10:00	#1	.35	DS
15	11:15	#1	.34	KP
16	10:20	#1	.36	KP
17	9:20	#1	.37	KP
18	10:40	#1	.38	KP
19	9:25	#1	.34	KP
20	11:00	#1	.33	DS
21	9:30	#1	.35	DS
22	1:40p	#1	.37	KP
23	9:45a	#1	.33	KP
24	10:30a	#1	.34	KP
25	9:35a	#1	.36	KP
26	10:01am	#1	.34	AT
27	2:32pm	#1	.35	AT
28	12:45	#1	.35	DS
29	9:30	#1	.33	KP
30	10:20	#1	.34	KP
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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**

Operator Certification #:

Signature: *[Signature]*

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

OR

Date: **9/30/25**

Small Groundwater System ☐

Return by 10th of following month by either email dwg.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.