

**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 **Oct / 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	10:00	#1	.32	KP
2	10:30	#1	.43	NVC
3	4:50	#1	.37	KP
4	10:15	#1	.35	NVC
5	11:00	#1	.36	NVC
6	11:15	#1	.36	NVC
7	1:35	#1	.35	KP
8	12:10	#1	.34	KP
9	11:00	#1	.34	KP
10	12:15	#1	.34	KP
11	12:00	#1	.46	NVC
12	12:00	#1	.30	NVC
13	12:30	#1	.33	KP
14	1:40	#1	.33	KP
15	11:50	#1	.30	KP
16	10:30	#1	.33	KP
17	1:20	#1	.35	KP
18	9:29	#1	.31	At
19	10:00	#1	.37	NVC
20	10:15	#1	.32	NVC
21	11:40	#1	.34	KP
22	1:10	#1	.34	KP
23	9:40	#1	.35	KP
24	12	#1	.32	NVC
25	11	#1	.47	NVC
26	11	#1	.41	NVC
27	9:30	#1	.33	NVC
28	9:30	#1	.42	NVC
29	11:00	#1	.44	NVC
30	12:20	#1	.33	KP
31	10:50	#1	.31	KP

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: **Adam Jones**

Title: **DM**

Operator Certification #:

Signature: **[Signature]**

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

OR

Date: **11/2/25**

Small Groundwater System ☐

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.