

**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 Det 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	10:00	#1	.32	RP
2	10:30	#1	.43	NVC
3	4:50	#1	.37	KP
4	10:15	#1	.35	NVO
5	11:00	#1	.36	NVO
6	11:15	#1	.36	NVO
7	11:35	#1	.35	RP
8	12:10	#1	.34	RP
9	11:00	#1	.34	RP
10	12:15	#1	.34	RP
11	12:00	#1	.46	NVO
12	12:00	#1	.30	NVO
13	12:30	#1	.33	RP
14	1:40	#1	.33	RP
15	1:50	#1	.30	RP
16	10:30	#1	.33	RP
17	1:20	#1	.35	RP
18	9:29	#1	.31	RP
19	10:00	#1	.37	NVO
20	10:15	#1	.32	NVO
21	11:40	#1	.34	RP
22	1:10	#1	.34	RP
23	9:00	#1	.35	RP
24	12	#1	.32	NVO
25	11	#1	.47	NVO
26	11	#1	.41	NVO
27	9:30	#1	.33	NVO
28	9:30	#1	.42	NVO
29	11:00	#1	.44	NVO
30	12:20	#1	.33	RP
31	10:50	#1	.31	RP
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, what was the longest time period until the required level was restored? hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.				
<b>GWS Serving 3,300 or Fewer</b> If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.		<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.		
Printed Name: <u>Adam Jones</u> Signature: <u>Adam Jones</u> Date: 11/12/25		Title: DM Phone #: (503) 666-3163 Operator Certification #: OR Small Groundwater System <input type="checkbox"/>		

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