

**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 **Nov / 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	#1	.38	
2	9:30	#1	.3	
3	11:20	#1	.34	KP
4	11:00	#1	.34	NUG
5	10:30	#1	.30	NUG
6	12:10	#1	.34	KP
7	11:15	#1	.32	IS
8	11:30	#1	.45	NUG
9		#1	.44	NUG
10	11:00	#1	.34	KP
11	11:00	#1	.34	NUG
12	11:30	#1	.36	NUG
13	10:50	#1	.35	KP
14	11:45	#1	.32	KP
15	12:10	#1	.31	KP
16	10:05	#1	.33	KP
17	11:50	#1	.30	KP
18	1:00	#1	.32	NUG
19	1:00	#1	.31	NUG
20	12:30	#1	.31	KP
21	11:25	#1	.30	KP
22	11:50	#1	.30	KP
23	11:50	#1	.31	KP
24	11:20	#1	.32	KP
25	10:30	#1	.31	NUG
26	12:30	#1	.32	NUG
27	11:20	#1	.36	KP
28	11:00	#1	.36	KP
29	11:15	#1	.35	KP
30	10:05	#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? _____ hours -- If > 4 hours, Drinking Water Program to be notified by end of next business day.

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: _____

Title: **PM**

Operator Certification #: _____

Signature: _____

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

OR

Date: **12 / 2 / 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.