

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name OPRD LOEB STATE PARK.

PWS ID# 41 91019

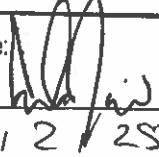
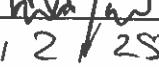
Month/Year Nov 1 2025 Entry Point: Site #1

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	#1	.38	
2	9:30	#1	.3	
3	11:30	#1	.34	KP
4	11:00	#1	.34	NVO
5	10:30	#1	.30	NVO
6	12:10	#1	.34	KP
7	11:45	#1	.32	KP
8	11:30	#1	.45	NVO
9		#1	.44	NVO
10	11:00	#1	.34	KP
11	11:00	#1	.34	NVO
12	11:30	#1	.36	NVO
13	10:50	#1	.35	KP
14	11:45	#1	.32	KP
15	12:00	#1	.31	KP
16	10:05	#1	.33	KP
17	11:50	#1	.30	KP
18	1:00	#1	.32	NVO
19	1:00	#1	.31	NVO
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	10:36	#1	.31	NVO
26	12:30	#1	.32	NVO
27	11:20	#1	.36	KP
28	11:00	#1	.36	KP
29	11:15	#1	.35	KP
30	10:05	#1	.34	KP
31				

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		GWS Serving More Than 3,300	
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		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		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	Date it was returned to service: / /
		Attach grab sample results and submit them with this form.	

Printed Name: 	Title: RM	Operator Certification #:
Signature: 	Phone #: (541) 401-3163	OR
Date: 12/2/25		Small Groundwater System <input type="checkbox"/>

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

August 22, 2019