

**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 **JAN 1/25** 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	11:50	#1	.30	IH
2	12:00	#1	.30	KP
3	12:30	#1	.32	KP
4	11:55	#1	.32	IH
5	12:30	#1	.30	IH
6	11:00	#1	.31	IH
7	9:55	#1	.38	IH
8	11:45	#1	.38	IH
9	11:30	#1	.32	KP
10	1:05p	#1	.31	KP
11	10:45	#1	.32	IH
12	12:00	#1	.32	IH
13	12:20	#1	.32	KP
14	11:50	#1	.32	IH
15	11:05	#1	.30	KP
16	12:35	#1	.35	KP
17	11:20	#1	.33	KP
18	11:45	#1	.37	IH
19	10:30	#1	.33	IH
20	11:15	#1	.31	IH
21	11:00	#1	.33	IH
22	11:10	#1	.32	IH
23	2:55	#1	.30	KP
24	12:40	#1	.30	KP
25	2:30	#1	.30	GTR
26	9:50	#1	.32	GTR
27	11:45	#1	.30	IH
28	11:00	#1	.33	IH
29	10:00	#1	.36	IH
30	12:00	#1	.35	KP
31	11:35	#1	.31	KP

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.

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

Printed Name: _____ Title: **PM** Operator Certification #: _____
 Signature: _____ Phone #: **(541) 661-3163** OR
 Date: **2/3/26** 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.