

**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 **02 12026** Entry Point:

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	
2	10:55	#1	.31	
3	11:45	#1	.31	
4	12:15	#1	.30	
5	2:20	#1	.30	
6	1:30	#1	.34	KP
7	2:30	#1	.30	KP
8	11:00 AM	#1	.33	WW
9	10:30 AM	#1	.33	LTR
10	3:15 p	#1	.35	KP
11	12:50 p	#1	.35	KP
12	12:30 p	#1	.30	KP
13	2:50	#1	.36	KP
14	2:30	#1	.37	KP
15	1:25 pm	#1	.33	KB
16	11:45	#1	.36	IH
17	12:30	#1	.36	IH
18	1:00	#1	.33	IH
19	12:00 pm	#1	.35	KP
20	12:10 pm	#1	.37	KP
21	1:00 pm	#1	.34	CN
22	12:45	#1	.34	IH
23	1:15	#1	.32	IH
24	1:30	#1	.34	IH
25	12:45	#1	.39	IH
26	11:45	#1	.32	IH
27	12:30	#1	.32	IH
28	1:00	#1	.30	CN
29				
30				
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.

<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>
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Printed Name: Adam Jones Title: PM Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 661-3163 OR
 Date: 313126 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.