

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

System Name Restful Haven Health Club

PWS ID# 4 1 91609



Month/Year May/2021

Entry Point: WTP-A

Required Minimum Residual 1.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:25 AM	Clubhouse Restroom	1.2	Melanie Osborne
2	8:30 AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
3	8:00 AM	Clubhouse Restroom	1.3	Marshall Miller
4	8:15 AM	Clubhouse Restroom	1.2	Marshall Miller
5	8:15 AM	Clubhouse Restroom	1.3	Marshall Miller
6	8:40 AM	Clubhouse Restroom	1.4	Melanie Osborne
7	8:15 AM	Clubhouse Restroom & #80	1.4	Melanie Osborne
8	8:35 AM	Clubhouse Restroom	1.3	Melanie Osborne
9	8:45 AM	Clubhouse Restroom	1.4	Melanie Osborne
10	8:15 AM	Clubhouse Restroom	1.3	Marshall Miller
11	8:10 AM	Clubhouse Restroom	1.3	Marshall Miller
12	8:30 AM	Clubhouse Restroom	1.4	Melanie Osborne
13	8:45 AM	Clubhouse Restroom & #80	1.4	Melanie Osborne
14	8:30 AM	Clubhouse Restroom	1.3	Melanie Osborne
15	8:30 AM	Clubhouse Restroom	1.3	Melanie Osborne
16	8:00 AM	Clubhouse Restroom	1.3	Melanie Osborne
17	8:25 AM	Clubhouse Restroom	1.3	Marshall Miller
18	8:15 AM	Clubhouse Restroom	1.2	Marshall Miller
19	8:25 AM	Clubhouse Restroom & #80	1.2	Melanie Osborne
20	8:45 AM	Clubhouse Restroom	1.3	Melanie Osborne
21	8:15 AM	Clubhouse Restroom	1.3	Melanie Osborne
22	8:30 AM	Clubhouse Restroom	1.3	Melanie Osborne
23	8:35 AM	Clubhouse Restroom	1.3	Melanie Osborne
24	8:20 AM	Clubhouse Restroom	1.2	Marshall Miller
25	8:30 AM	Clubhouse Restroom & #80	1.3	Marshall Miller
26	8:45 AM	Clubhouse Restroom	1.4	Melanie Osborne
27	8:20 AM	Clubhouse Restroom	1.3	Melanie Osborne
28	9:00 AM	Clubhouse Restroom	1.3	Melanie Osborne
29	8:40 AM	Clubhouse Restroom	1.2	Melanie Osborne
30	8:30 AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
31	8:55 AM	Clubhouse Restroom	1.3	Marshall Miller

Was the chlorine residual ever less than the required minimum residual of 1.0 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><i>Attach those results and submit them with this form.</i></p>	<p align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Melanie Osborne Signature: _____ Date: 06 / 02 / 2021	Title: MSR Host Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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