

**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 July/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    | 8:45 AM | Clubhouse Restroom       | 1.0  | Melanie Osborne |
| 2    | 8:55AM  | Clubhouse Restroom & #80 | 1.0  | Melanie Osborne |
| 3    | 8:45AM  | Clubhouse Restroom       | 1.0  | Melanie Osborne |
| 4    | 8:45AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 5    | 7:15AM  | Clubhouse Restroom       | 1.1  | Marshall Miller |
| 6    | 8:20AM  | Clubhouse Restroom       | 1.0  | Marshall Miller |
| 7    | 8:45AM  | Clubhouse Restroom & #80 | 1.0  | Melanie Osborne |
| 8    | 8:15AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 9    | 8:45AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 10   | 8:30AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 11   | 8:15AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 12   | 8:20AM  | Clubhouse Restroom       | 1.0  | Marshall Miller |
| 13   | 8:00AM  | Clubhouse Restroom & #80 | 1.5  | Marshall Miller |
| 14   | 7:40AM  | Clubhouse Restroom       | 1.1  | Marshall Miller |
| 15   | 8:50AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |
| 16   | 8:50AM  | Clubhouse Restroom       | 1.1  | Melanie Osborne |
| 17   | 8:40AM  | Clubhouse Restroom       | 1.0  | Melanie Osborne |
| 18   | 8:50AM  | Clubhouse Restroom       | 1.2  | Melanie Osborne |
| 19   | 8:25AM  | Clubhouse Restroom & #80 | 1.1  | Marshall Miller |
| 20   | 8:35AM  | Clubhouse Restroom       | 1.2  | Marshall Miller |
| 21   | 8:20AM  | Clubhouse Restroom       | 1.4  | Melanie Osborne |
| 22   | 8:55AM  | Clubhouse Restroom       | 1.4  | Melanie Osborne |
| 23   | 8:35AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |
| 24   | 9:00AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |
| 25   | 8:30AM  | Clubhouse Restroom & #80 | 1.4  | Melanie Osborne |
| 26   | 8:15AM  | Clubhouse Restroom       | 1.3  | Marshall Miller |
| 27   | 8:20AM  | Clubhouse Restroom       | 1.3  | Marshall Miller |
| 28   | 9:00AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |
| 29   | 8:50AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |
| 30   | 8:20AM  | Clubhouse Restroom & #80 | 1.2  | Melanie Osborne |
| 31   | 8:15AM  | Clubhouse Restroom       | 1.3  | Melanie Osborne |

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><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></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:<br/>/ /</p> <p>Date it was returned to service:<br/>/ /</p> |
|---|---|---|

|   |  |  |
|---|--|--|
| Printed Name: Melanie Osborne<br>Signature: _____<br>Date: 8 / 2 / 2021 | Title: MSR Host<br>Phone #: (503) 647-2449 | Operator Certification #: WTP-A<br>OR<br>Small Groundwater System <input type="checkbox"/> |
|---|--|--|