

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 Oct/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	9:15AM	Clubhouse Restroom	1.3	Melanie Osborne
2	9:15AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
3	9:25AM	Clubhouse Restroom	1.4	Melanie Osborne
4	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
6	8:50AM	Clubhouse Restroom	1.3	Melanie Osborne
7	9:15AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
8	9:50AM	Clubhouse Restroom	1.3	Melanie Osborne
9	9:00AM	Clubhouse Restroom	1.3	Melanie Osborne
10	9:20AM	Clubhouse Restroom	1.3	Melanie Osborne
11	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
12	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
13	8:50AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
14	9:15AM	Clubhouse Restroom	1.3	Melanie Osborne
15	8:50AM	Clubhouse Restroom	1.3	Melanie Osborne
16	9:05AM	Clubhouse Restroom	1.3	Melanie Osborne
17	9:30AM	Clubhouse Restroom	1.3	Melanie Osborne
18	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
19	8:45AM	Clubhouse Restroom & #80	1.2	Marshall Miller
20	9:10AM	Clubhouse Restroom	1.3	Melanie Osborne
21	9:15AM	Clubhouse Restroom	1.3	Melanie Osborne
22	9:10AM	Clubhouse Restroom	1.3	Melanie Osborne
23	9:30AM	Clubhouse Restroom	1.2	Melanie Osborne
24	9:30AM	Clubhouse Restroom	1.2	Melanie Osborne
25	8:40AM	Clubhouse Restroom & #80	1.2	Marshall Miller
26	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:30AM	Clubhouse Restroom	1.2	Melanie Osborne
28	9:30AM	Clubhouse Restroom	1.2	Melanie Osborne
29	9:50AM	Clubhouse Restroom	1.1	Melanie Osborne
30	9:50AM	Clubhouse Restroom & #80	1.2	Melanie Osborne
31	9:50AM	Clubhouse Restroom	1.2	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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Melanie Osborne

Title: MSR Host

Operator Certification #: WTP-A

Signature: _____

Phone #: (503) 647-2449

OR

Date: 11 / 04 / 2021

Small Groundwater System