

**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 Nov/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	1.1	Marshall Miller
2	9:05AM	Clubhouse Restroom & #80	1.2	Marshall Miller
3	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
4	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
5	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
6	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
7	9:55AM	Clubhouse Restroom & #80	1.2	Melanie Osborne
8	9:10AM	Clubhouse Restroom	1.1	Marshall Miller
9	9:10AM	Clubhouse Restroom	1.1	Marshall Miller
10	9:55AM	Clubhouse Restroom	1.3	Melanie Osborne
11	9:55AM	Clubhouse Restroom	1.1	Melanie Osborne
12	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
13	9:25AM	Clubhouse Restroom & #80	1.1	Melanie Osborne
14	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
15	9:05AM	Clubhouse Restroom	1.1	Marshall Miller
16	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
17	9:30AM	Clubhouse Restroom	1.2	Melanie Osborne
18	9:45AM	Clubhouse Restroom	1.2	Melanie Osborne
19	9:55AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
20	9:40AM	Clubhouse Restroom	1.3	Melanie Osborne
21	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
22	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
23	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:55AM	Clubhouse Restroom	1.3	Melanie Osborne
25	9:55AM	Clubhouse Restroom & #80	1.2	Melanie Osborne
26	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
27	9:55AM	Clubhouse Restroom	1.2	Melanie Osborne
28	9:55AM	Clubhouse Restroom	1.3	Melanie Osborne
29	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
30	9:10AM	Clubhouse Restroom & #80	1.3	Marshall Miller
31	AM			

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: 12 / 03 / 2021

Small Groundwater System