

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 \_12/2021

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	9:55AM	Clubhouse Restroom	1.3	Melanie Osborne
2	9 :55AM	Clubhouse Restroom & #80	1.3	Melanie Osborne
3	9:15AM	Clubhouse Restroom	1.3	Marshall Miller
4	9:55AM	Clubhouse Restroom	1.4	Melanie Osborne
5	9:55AM	Clubhouse Restroom	1.4	Melanie Osborne
6	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
7	9:05AM	Clubhouse Restroom & #80	1.3	Marshall Miller
8	9:55AM	Clubhouse Restroom	1.4	Melanie Osborne
9	9:55AM	Clubhouse Restroom	1.3	Melanie Osborne
10	9:55AM	Clubhouse Restroom	1.4	Melanie Osborne
11	9:05AM	Clubhouse Restroom	1.3	Marshall Miller
12	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
13	9:15AM	Clubhouse Restroom & #80	1.2	Marshall Miller
14	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
15	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
16	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
18	9:45AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:20AM	Clubhouse Restroom & #80	1.3	Marshall Miller
20	9:35AM	Clubhouse Restroom	1.3	Marshall Miller
21	9:20AM	Clubhouse Restroom	1.3	Marshall Miller
22	9:35AM	Clubhouse Restroom	1.2	Marshall Miller
23	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
25	10:10A M	Clubhouse Restroom & #80	1.2	Marshall Miller
26	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
29	9:25AM	Clubhouse Restroom	1.3	Marshall Miller
30	9:00AM	Clubhouse Restroom & #80	1.3	Marshall Miller
31	9:25AM	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.

**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: George Marsh

Title: MSR President

Operator Certification #: WTP-A

Signature: \_\_\_\_\_

Phone #: (503) 647-2449

OR

Date: 01 / 03 / 2022

Small Groundwater System

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

December 19, 2012