

**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 02/2022

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	9:25AM	Clubhouse Restroom	1.3	Marshall Miller
2	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
4	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
6	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
9	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
10	8:55AM	Clubhouse Restroom	1.2	Marshall Miller
11	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
12	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
13	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
14	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
15	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
16	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
18	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
20	9:35AM	Clubhouse Restroom	1.2	Marshall Miller
21	9:45AM	Clubhouse Restroom	1.2	Marshall Miller
22	9:15AM	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	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
26	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
29				
30				
31				

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: / /

Small Groundwater System