

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

System Name Restful Haven Health Club PWS ID# 41 91609 

Month/Year 04/2022 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	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
2	8:20AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
4	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
6	9:25AM	Clubhouse Restroom	1.1	Marshall Miller
7	9:10AM	Clubhouse Restroom	1.1	Marshall Miller
8	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
9	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
10	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
11	8:50AM	Clubhouse Restroom	1.1	Marshall Miller
12	9:20AM	Clubhouse Restroom	1.1	Marshall Miller
13	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
14	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
15	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
16	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
18	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:15AM	Clubhouse Restroom	1.3	Robert Janssen
20	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
21	9:20AM	Clubhouse Restroom	1.3	Robert Janssen
22	9:20AM	Clubhouse Restroom	1.2	Robert Janssen
23	9:05AM	Clubhouse Restroom	1.2	Robert Janssen
24	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
25	9:20AM	Clubhouse Restroom	1.2	Robert Janssen
26	8:55AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:05AM	Clubhouse Restroom	1.2	Robert Janssen
29	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
30	9:15AM	Clubhouse Restroom	1.2	Robert Janssen
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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><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: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: George Marsh	Title: MSR President	Operator Certification #: WTP-A
Signature: 	Phone #: (503) 647-2449	OR
Date: 5/2/22		Small Groundwater System <input type="checkbox"/>