


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 <sup>05</sup>04/2022 Entry Point: WTP-A

Required Minimum Residual  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	1.2	Robert Janssen
2	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
3	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
4	9:45AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:15AM	Clubhouse Restroom	1.2	Robert Janssen
6	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
7	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
8	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
9	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
10	8:55AM	Clubhouse Restroom	1.2	Marshall Miller
11	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
12	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
13	9:20AM	Clubhouse Restroom	1.2	Robert Janssen
14	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
15	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
16	9:05AM	Clubhouse Restroom	1.2	Robert Janssen
17	9:25AM	Clubhouse Restroom	1.3	Marshall Miller
18	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
19	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
20	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
21	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
22	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
23	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
24	8:55AM	Clubhouse Restroom	1.3	Marshall Miller
25	7:40AM	Clubhouse Restroom	1.3	Marshall Miller
26	8:25AM	Clubhouse Restroom	1.3	Robert Janssen
27	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
28	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
29	8:50AM	Clubhouse Restroom	1.3	Robert Janssen
30	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
31	8:15AM	Clubhouse Restroom	1.1	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) 647-2448

OR

Date: 6/02/2022

Small Groundwater System