

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	06/2022	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	8:30AM	Clubhouse Restroom	1.1	Marshall Miller
2	8:15AM	Clubhouse Restroom	1.2	Robert Janssen
3	8:15AM	Clubhouse Restroom	1.2	Robert Janssen
4	8:45AM	Clubhouse Restroom	1.3	Robert Janssen
5	9:15AM	Clubhouse Restroom	1.3	Robert Janssen
6	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
7	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
9	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
10	8:00AM	Clubhouse Restroom	1.2	Robert Janssen
11	8:00AM	Clubhouse Restroom	1.2	Robert Janssen
12	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
13	8:00AM	Clubhouse Restroom	1.3	Robert Janssen
14	8:35AM	Clubhouse Restroom	1.4	Marshall Miller
15	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
16	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
17	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
18	8:45AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
20	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
21	8:25AM	Clubhouse Restroom	1.2	Robert Janssen
22	8:45AM	Clubhouse Restroom	1.2	Robert Janssen
23	8:25AM	Clubhouse Restroom	1.3	Robert Janssen
24	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
25	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
26	8:20AM	Clubhouse Restroom	1.3	Robert Janssen
27	8:00AM	Clubhouse Restroom	1.3	Robert Janssen
28	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
29	8:00AM	Clubhouse Restroom	1.2	Robert Janssen
30	8:30AM	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>GWS Serving 3,300 or Fewer</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>Attach those results and submit them with this form.</p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <table style="width: 100%;"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form. </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: George Marsh Signature: Date: 7 / 01 / 2022	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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December 19, 2012