

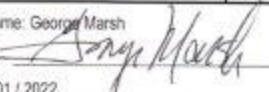
State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name	Restful Haven Health Club	PWS ID#	41 91609
Month/Year	07/2022	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	1.2	Robert Janssen
2	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
3	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
4	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
5	8:25AM	Clubhouse Restroom	1.2	Marshall Miller
6	8:40AM	Clubhouse Restroom	1.2	Marshall Miller
7	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
9	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
10	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
11	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
12	8:50AM	Clubhouse Restroom	1.2	Marshall Miller
13	8:20AM	Clubhouse Restroom	1.2	Marshall Miller
14	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
15	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
16	8:25AM	Clubhouse Restroom	1.2	Robert Janssen
17	8:15AM	Clubhouse Restroom	1.2	Robert Janssen
18	8:15AM	Clubhouse Restroom	1.3	Robert Janssen
19	9:15AM	Clubhouse Restroom	1.3	Marshall Miller
20	8:35AM	Clubhouse Restroom	1.3	Marshall Miller
21	8:10AM	Clubhouse Restroom	1.3	Robert Janssen
22	8:10AM	Clubhouse Restroom	1.3	Robert Janssen
23	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
24	8:15AM	Clubhouse Restroom	1.3	Robert Janssen
25	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
26	7:30AM	Clubhouse Restroom	1.2	Marshall Miller
27	8:15AM	Clubhouse Restroom	1.2	Robert Janssen
28	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
29	8:10AM	Clubhouse Restroom	1.2	Robert Janssen
30	6:45AM	Clubhouse Restroom	1.2	Robert Janssen
31	7:00AM	Clubhouse Restroom	1.2	Robert Janssen

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 Signature:  Date: 8 / 01 / 2022	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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