

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 08/2022 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	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
2	8:50AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
4	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
5	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
6	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
7	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
9	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
10	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
11	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
12	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
13	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
14	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
15	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
16	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
18	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
19	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
20	8:00AM	Clubhouse Restroom	1.2	Marshall Miller
21	8:00AM	Clubhouse Restroom	1.3	Robert Janssen
22	8:00AM	Clubhouse Restroom	1.3	Robert Janssen
23	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
24	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
25	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
26	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
27	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
28	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
29	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
30	8:25AM	Clubhouse Restroom	1.2	Marshall Miller
31	8:40AM	Clubhouse Restroom	1.2	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

Date continuous monitoring equipment failed: / /

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: George Marsh

Title: MSR President

Operator Certification #: WTP-A

Signature:

Phone #: (503) 647-2449

OR

Date: 9/01/2022

Small Groundwater System