

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 09/2022 Entry Point: WTP-A


Required Minimum Residual 1.0



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	1.2	Robert Janssen
5	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
6	8:20AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
8	8:50AM	Clubhouse Restroom	1.1	Marshall Miller
9	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
10	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
11	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
12	8:50AM	Clubhouse Restroom	1.2	Marshall Miller
13	8:45AM	Clubhouse Restroom	1.2	Marshall Miller
14	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
15	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
16	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
17	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
18	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
19	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
20	9:05AM	Clubhouse Restroom	1.1	Marshall Miller
21	9:05AM	Clubhouse Restroom	1.2	Marshall Miller
22	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
23	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
24	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
25	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
26	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
27	9:25AM	Clubhouse Restroom	1.1	Marshall Miller
28	8:20AM	Clubhouse Restroom	1.1	Marshall Miller
29	8:30AM	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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	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: _____ / _____ / _____

Printed Name: George Marsh Signature:  Date: 9/01/2022	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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