

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 10/2022 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	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
2	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
3	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
4	9:10AM	Clubhouse Restroom	1.1	Marshall Miller
5	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
6	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
7	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
8	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
9	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
10	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
11	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
12	9:25AM	Clubhouse Restroom	1.1	Marshall Miller
13	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
14	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
15	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
16	8:40AM	Clubhouse Restroom	1.1	Marshall Miller
17	8:30AM	Clubhouse Restroom	1.1	Marshall Miller
18	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
19	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
20	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
21	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
22	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
23	9:05AM	Clubhouse Restroom	1.1	Marshall Miller
24	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
25	8:50AM	Clubhouse Restroom	1.1	Marshall Miller
26	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
27	8:50AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:25AM	Clubhouse Restroom	1.2	Marshall Miller
29	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
30	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
31	9:10AM	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	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: 11 / 03 / 2022	Title: MGR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
--	---	--