

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 11/2022 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	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
2	9:45AM	Clubhouse Restroom	1.2	Marshall Miller
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	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
7	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
9	8:30AM	Clubhouse Restroom	1.1	Marshall Miller
10	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
11	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
12	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
13	9:45AM	Clubhouse Restroom	1.1	Marshall Miller
14	9:35AM	Clubhouse Restroom	1.1	Marshall Miller
15	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
16	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
17	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
18	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
19	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
20	9:30AM	Clubhouse Restroom	1.0	Marshall Miller
21	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
22	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
23	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
25	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
26	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
27	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
28	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
29	9:50AM	Clubhouse Restroom	1.1	Marshall Miller
30	9:50AM	Clubhouse Restroom	1.1	Marshall Miller
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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: 12/01/2022	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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