

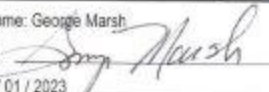
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name		Restful Haven Health Club		PWS ID# 41 91609	
Month/Year		12/2022		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	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
2	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
3	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
4	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
6	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
9	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
10	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
11	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
12	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
13	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
14	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
15	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
16	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
17	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
18	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
19	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
20	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
21	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
22	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
23	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
24	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
25	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
26	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
29	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
30	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
31	9:30AM	Clubhouse Restroom	1.1	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>GWS Serving 3,300 or Fewer</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>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</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: 01/01/2023	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A CR Small Groundwater System <input type="checkbox"/>
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