

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

System Name: Resful Haven Health Club PWS ID#: 41 91609
 Month/Year: 1/2023 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	1.1	Robert Janssen
2	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
3	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
4	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
6	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
7	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
9	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
10	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
11	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
12	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
13	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
14	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
15	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
16	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
18	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
20	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
21	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
22	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
23	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
25	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
26	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
27	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
28	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
29	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
30	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
31	9:30AM	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)

<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 align="center">GWS Serving More Than 3,300</p> <table border="0"> <tr> <td style="width: 60%;">Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 40%;">Date continuous monitoring equipment failed: / /</td> </tr> <tr> <td>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</td> <td>Date it was returned to service: / /</td> </tr> <tr> <td>Attach grab sample results and submit them with this form.</td> <td>/ /</td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date it was returned to service: / /	Attach grab sample 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	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 02 / 01 / 2023 Small Groundwater System