

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 APR/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	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
4	8:40AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
6	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	8:50AM	Clubhouse Restroom	1.3	Marshall Miller
9	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
10	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
11	8:00AM	Clubhouse Restroom	1.3	Marshall Miller
12	8:40AM	Clubhouse Restroom	1.3	Marshall Miller
13	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
14	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
15	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
16	8:40AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
18	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
19	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
20	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
21	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
22	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
23	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
25	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
26	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
27	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
28	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
29	8:20AM	Clubhouse Restroom	1.3	Marshall Miller
30	9:20AM	Clubhouse Restroom	1.3	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**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  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

Title: MSR President

Operator Certification #: WTP-A

Signature: 

Phone #: (503) 647-2449

OR

Date: 05 / 01 / 2023

Small Groundwater System