

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 May/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	1.3	Marshall Miller
2	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.2	Marsahall Miller
4	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
5	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
6	8:30AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
8	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
9	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
10	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
11	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
12	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
13	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
14	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
15	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
16	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
17	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
18	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
19	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
20	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
21	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
22	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
23	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
24	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
25	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
26	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
27	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
28	8:15AM	Clubhouse Restroom	1.2	Robert Janssen
29	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
30	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
31	9:15AM	Clubhouse Restroom	1.2	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.

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: 06 / 01 / 2023	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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