

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 June/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	1.2	Robert Janssen
2	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
3	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
4	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
5	9:30AM	Clubhouse Restroom	1.2	Robert Janssen
6	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
9	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
10	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
11	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
12	8:00AM	Clubhouse Restroom	1.3	Marshall Miller
13	9:15AM	Clubhouse Restroom	1.3	Marshall Miller
14	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
15	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
16	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
17	8:50AM	Clubhouse Restroom	1.3	Robert Janssen
18	9:20AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
20	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
21	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
22	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
23	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
24	8:50AM	Clubhouse Restroom	1.2	Robert Janssen
25	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
26	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
27	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
28	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
29	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
30	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
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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

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?  Yes  No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: George Marsh

Title: MGR President

Operator Certification #: WTP-A

Signature:

Phone #: (503) 647-2449

OR

Date: 07/01/2023

Small Groundwater System