


**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 July/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	8:15AM	Clubhouse Restroom	1.3	Marshall Miller
2	8:30AM	Clubhouse Restroom	1.3	Robert Janssen
3	9:00AM	Clubhouse Restroom	1.3	Roger McCarver
4	8:40AM	Clubhouse Restroom	1.3	Marshall Miller
5	9:15AM	Clubhouse Restroom	1.3	Marshall Miller
6	9:15AM	Clubhouse Restroom	1.4	Roger McCarver
7	9:30AM	Clubhouse Restroom	1.3	Robert Janssen
8	8:00AM	Clubhouse Restroom	1.2	Marshall Miller
9	9:00AM	Clubhouse Restroom	1.3	Robert Janssen
10	7:00AM	Clubhouse Restroom	1.1	Marshall Miller
11	8:40AM	Clubhouse Restroom	1.2	Marshall Miller
12	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
13	9:00AM	Clubhouse Restroom	1.2	Roger McCarver
14	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
15	8:40AM	Clubhouse Restroom	1.2	Robert Janssen
16	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
17	8:45AM	Clubhouse Restroom	1.2	Marshall Miller
18	9:15AM	Clubhouse Restroom	1.2	Marshall Miller
19	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
20	8:50AM	Clubhouse Restroom	1.2	Robert Janssen
21	9:10AM	Clubhouse Restroom	1.2	Robert Janssen
22	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
23	8:20AM	Clubhouse Restroom	1.2	Robert Janssen
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	Robert Janssen
27	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
28	9:00AM	Clubhouse Restroom	1.2	Robert Janssen
29	7:30AM	Clubhouse Restroom	1.2	Robert Janssen
30	8:30AM	Clubhouse Restroom	1.2	Robert Janssen
31	9:15AM	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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>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 Title: MSR President Operator Certification #: WTP-A  
 Signature:  Phone #: (503) 647-2449 OR  
 Date: 08 / 01 / 2023 Small Groundwater System