


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

System Name Restful Haven Health Club

PWS ID# 41 91609

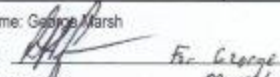
Month/Year Augus/2023 Entry Point: WTP-A

Required Minimum Residual 1.0 

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
2	9:15AM	Clubhouse Restroom	1.1	Marshall Miller
3	9:15AM	Clubhouse Restroom	1.1	Robert Janssen
4	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
5	8:45AM	Clubhouse Restroom	1.1	Marshall Miller
6	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
7	9:10AM	Clubhouse Restroom	1.0	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.0	Marshall Miller
9	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
10	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
11	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
12	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
13	9:20AM	Clubhouse Restroom	1.1	Robert Janssen
14	9:10AM	Clubhouse Restroom	1.1	Robert Janssen
15	8:30AM	Clubhouse Restroom	1.1	Marshall Miller
16	9:00AM	Clubhouse Restroom	1.0	Marshall Miller
17	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
18	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
19	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
20	9:00AM	Clubhouse Restroom	1.0	Robert Janssen
21	7:30AM	Clubhouse Restroom	1.1	Marshall Miller
22	7:30AM	Clubhouse Restroom	1.1	Marshall Miller
23	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
24	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
25	8:30AM	Clubhouse Restroom	1.1	Robert Janssen
26	9:00AM	Clubhouse Restroom	1.0	Marshall Miller
27	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
28	9:00AM	Clubhouse Restroom	1.1	Robert Janssen
29	9:30AM	Clubhouse Restroom	1.1	Robert Janssen
30	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
31	9:00AM	Clubhouse Restroom	1.1	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.

<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:  For George Marsh Phone #: (503) 647-2449 OR  
 Date: 08/01/2023 Small Groundwater System