

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 Jan/2024


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	Marshall Miller
2	9:10AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
4	9:00AM	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	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
9	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
10	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
11	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
12	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
13	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
14	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
15		NO WATER FROZEN PIPES		Marshall Miller
16		NO WATER FROZEN PIPES		Marshall Miller
17		NO WATER FROZEN PIPES		Marshall Miller
18		NO WATER FROZEN PIPES		Marshall Miller
19		NO WATER FROZEN PIPES		Marshall Miller
20		NO WATER FROZEN PIPES		Marshall Miller
21		NO WATER FROZEN PIPES		Marshall Miller
22		NO WATER FROZEN PIPES		Marshall Miller
23	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
24	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
25	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
26	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
27	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
28	9:30AM	Clubhouse Restroom	1.3	marshall Miller
29	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
30	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
31	9:30AM	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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / </td> </tr> <tr> <td> 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 </td> <td> Date it was returned to service: / / </td> </tr> </table> <p><i>Attach grab sample results and submit them with this form.</i></p>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date it was returned to service: / /
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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	Date it was returned to service: / /				

Printed Name: Kitty Peterson Signature:  Date: 02 / 02 / 2024	Title: MSR Hostt Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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