

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 02/2024

Entry Point: 2024WTP-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	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
2	8:00AM	Clubhouse Restroom	1.3	Marshall Miller
3	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
4	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
5	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
6	9:25AM	Clubhouse Restroom	1.3	Marshall Miller
7	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
8	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
9	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
10	9:10AM	Clubhouse Restroom	1.3	Marshall Miller
11	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
12	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
13	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
14	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
15	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
16	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
17	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
18	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
19	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
20	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
21	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
22	8:30AM	Clubhouse Restroom	1.3	Marshall Miller
23	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
24	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
25	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
26	9:00AM	Clubhouse Restroom	1.3	Marshall Miller
27	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
28	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
29	9:30AM	Clubhouse Restroom	1.3	Marshall Miller
30				
31				

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Jill Crouthersh

Title: MSR Host

Operator Certification #: WTP-A

Signature: _____

Phone #: (503) 647-2449

OR

Date: 02 / 29 / 2024

Small Groundwater System