

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 May/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	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
2	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.3	Kemper Bard
4	9:30AM	Clubhouse Restroom	1.2	Kemper Bard
5	9:30AM	Clubhouse Restroom	1.1	Kemper Bard
6	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
7	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
8	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
9	9:00AM	Clubhouse Restroom	1.1	Kemper Bard
10	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
11	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
12	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
13	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
14	9:30AM	Clubhouse Restroom	1.1	Marshall Miller
15	6:30am	Clubhouse Restroom	1.2	Marshall Miller
16	9:00AM	Clubhouse Restroom	1.1	Kemper Bard
17	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
18	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
19	9:00AM	Clubhouse Restroom	1.3	Kemper Bard
20	9:00AM	Clubhouse Restroom	1.3	Kemper Bard
21	8:30AM	Clubhouse Restroom	1.2	Kemper Bard
22	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
23	9:00AM	Clubhouse Restroom	1.1	Kemper Bard
24	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
25	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
26	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
27	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
28	9:00AM	Clubhouse Restroom	1.2	marshall Miller
29	9:00AM	Clubhouse Restroom	1.2	Marshall Miller
30	9:00AM	Clubhouse Restroom	1.1	Kemper Bard
31	9:00AM	Clubhouse Restroom	1.2	Kemper Bard

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	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: George Marsh Signature: _____ Date: 11 / 01 / 2023	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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