

**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 Aug/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	8:45AM	Clubhouse Restroom	1.3	Kemper Bard
2	9:30 AM	Clubhouse Restroom	1.2	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.2	MM
4	9:00AM	Clubhouse Restroom	1.3	KB
5	9:00AM	Clubhouse Restroom	1.3	KB
6	9:00AM	Clubhouse Restroom	1.3	KB
7	9:30AM	Clubhouse Restroom	1.3	MM
8	9:30AM	Clubhouse Restroom	1.3	MM
9	9:30AM	Clubhouse Restroom	1.2	MM
10	9:00AM	Clubhouse Restroom	1.2	MM
11	9:00AM	Clubhouse Restroom	1.2	KB
12	9:00AM	Clubhouse Restroom	1.2	KB
13	9:00AM	Clubhouse Restroom	1.2	MM
14	9:00AM	Clubhouse Restroom	1.2	KB
15	9:30am	Clubhouse Restroom	1.3	MM
16	9:30AM	Clubhouse Restroom	1.2	MM
17	9:30AM	Clubhouse Restroom	1.3	MM
18	9:30AM	Clubhouse Restroom	1.2	KB
19	9:00AM	Clubhouse Restroom	1.2	KB
20	8:00AM	Clubhouse Restroom	1.2	MM
21	9:30AM	Clubhouse Restroom	1.2	MM
22	9:30AM	Clubhouse Restroom	1.2	MM
23	9:30AM	Clubhouse Restroom	1.2	MM
24	8:30AM	Clubhouse Restroom	1.2	MM
25	9:00AM	Clubhouse Restroom	1.2	KB
26	9:15AM	Clubhouse Restroom	1.2	KB
27	8:00AM	Clubhouse Restroom	1.1	MM
28	9:00AM	Clubhouse Restroom	1.1	MM
29	8:30AM	Clubhouse Restroom	1.1	MM
30	9:00AM	Clubhouse Restroom	1.1	MM
31	9:00AM	Clubhouse Restroom	1.1	MM

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>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: George Marsh Signature: _____ Date: 08 / 02 / 2024	Title: MSR President Phone #: (503) 647-2449	Operator Certification #: WTP-A OR Small Groundwater System <input type="checkbox"/>
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