

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 June./2025

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 | 1.3  | Marshall Miller |
| 2    | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 3    | 9:00AM | Clubhouse Restroom | 1.4  | MM              |
| 4    | 9:00AM | Clubhouse Restroom | 1.4  | MM              |
| 5    | 9:30AM | Clubhouse Restroom | 1.4  | Kemper Bard     |
| 6    | 9:30AM | Clubhouse Restroom | 1.4  | KB              |
| 7    | 8:30AM | Clubhouse Restroom | 1.4  | MM              |
| 8    | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 9    | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 10   | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 11   | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 12   | 9:00AM | Clubhouse Restroom | 1.4  | KB              |
| 13   | 9:30AM | Clubhouse Restroom | 1.4  | KB              |
| 14   | 8:30AM | Clubhouse Restroom | 1.4  | MM              |
| 15   | 9:30am | Clubhouse Restroom | 1.4  | MM              |
| 16   | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 17   | 9:00AM | Clubhouse Restroom | 1.4  | MM              |
| 18   | 8:30AM | Clubhouse Restroom | 1.4  | MM              |
| 19   | 9:00AM | Clubhouse Restroom | 1.4  | KB              |
| 20   | 9:00AM | Clubhouse Restroom | 1.4  | KB              |
| 21   | 8:30AM | Clubhouse Restroom | 1.4  | MM              |
| 22   | 9:30AM | Clubhouse Restroom | 1.4  | MM              |
| 23   | 8:30AM | Clubhouse Restroom | 1.3  | MM              |
| 24   | 9:30AM | Clubhouse Restroom | 1.3  | MM              |
| 25   | 9:00AM | Clubhouse Restroom | 1.3  | MM              |
| 26   | 9:00AM | Clubhouse Restroom | 1.3  | KB              |
| 27   | 9:00AM | Clubhouse Restroom | 1.3  | KB              |
| 28   | 9:30AM | Clubhouse Restroom | 1.1  | MM              |
| 29   | 9:30AM | ClubHouse Restroom | 1.2  | MM              |
| 30   | 9:30AM | ClubHouse Restroom | 1.2  | MM              |
| 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: Kemper Bard

Title: Camp Host

Operator Certification #: WTP-A

Signature: \_\_\_\_\_

Phone #: (503) 647-2449

OR

Date: June / 30 / 2025

Small Groundwater System ☐