

**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 July /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	9:30AM	Clubhouse Restroom	1.2	Marshall Miller
2	9:30AM	Clubhouse Restroom	1.2	MM
3	9:00AM	Clubhouse Restroom	1.2	Kemper Bard
4	9:00AM	Clubhouse Restroom	1.2	KB
5	9:00AM	Clubhouse Restroom	1.3	MM
6	9:30AM	Clubhouse Restroom	1.3	MM
7	9:30AM	Clubhouse Restroom	1.3	MM
8	9:00AM	Clubhouse Restroom	1.2	MM
9	9:00AM	Clubhouse Restroom	1.3	MM
10	9:00AM	Clubhouse Restroom	1.3	KB
11	9:00AM	Clubhouse Restroom	1.3	KB
12	8:30AM	Clubhouse Restroom	1.3	MM
13	9:30AM	Clubhouse Restroom	1.3	MM
14	9:30AM	Clubhouse Restroom	1.3	MM
15	9:30am	Clubhouse Restroom	1.3	MM
16	9:00AM	Clubhouse Restroom	1.3	MM
17	9:00AM	Clubhouse Restroom	1.3	KB
18	9:00AM	Clubhouse Restroom	1.3	KB
19	9:30AM	Clubhouse Restroom	1.0	MM
20	9:30AM	Clubhouse Restroom	1.0	MM
21	9:30AM	Clubhouse Restroom	1.1	MM
22	9:30AM	Clubhouse Restroom	1.1	MM
23	9:30AM	Clubhouse Restroom	1.1	MM
24	9:00AM	Clubhouse Restroom	1.1	KB
25	9:00AM	Clubhouse Restroom	1.1	KB
26	9:00AM	Clubhouse Restroom	1.1	MM
27	9:00AM	Clubhouse Restroom	1.1	MM
28	9:00AM	Clubhouse Restroom	1.1	MM
29	9:00AM	ClubHouse Restroom	1.1	MM
30	7:30AM	ClubHouse Restroom	1.1	MM
31	9:00AM	ClubHouse Restroom	1.1	KB

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: July / 31 / 2025

Small Groundwater System