

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, /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	1.1	Kemper Bard
2	9:00AM	Clubhouse Restroom	1.1	Marshall Miller
3	9:30AM	Clubhouse Restroom	1.1	MM
4	9:30AM	Clubhouse Restroom	1.1	MM
5	9:00AM	Clubhouse Restroom	1.1	MM
6	9:30AM	Clubhouse Restroom	1.1	MM
7	9:00AM	Clubhouse Restroom	1.1	KB
8	9:00AM	Clubhouse Restroom	1.1	KB
9	9:00AM	Clubhouse Restroom	1.1	MM
10	9:30AM	Clubhouse Restroom	1.2	MM
11	9:30AM	Clubhouse Restroom	1.2	MM
12	9:00AM	Clubhouse Restroom	1.1	MM
13	9:00AM	Clubhouse Restroom	1.1	MM
14	9:00AM	Clubhouse Restroom	1.1	KB
15	9:00am	Clubhouse Restroom	1.0	KB
16	9:00AM	Clubhouse Restroom	1.1	MM
17	9:30AM	Clubhouse Restroom	1.2	MM
18	8:30AM	Clubhouse Restroom	1.1	MM
19	9:30AM	Clubhouse Restroom	1.1	MM
20	9:30AM	Clubhouse Restroom	1.0	MM
21	9:30AM	Clubhouse Restroom	1.2	KB
22	9:30AM	Clubhouse Restroom	1.2	KB
23	9:30AM	Clubhouse Restroom	1.3	MM
24	9:30AM	Clubhouse Restroom	1.4	MM
25	9:30AM	Clubhouse Restroom	1.4	MM
26	9:00AM	Clubhouse Restroom	1.3	MM
27	9:30AM	Clubhouse Restroom	1.3	MM
28	9:30AM	Clubhouse Restroom	1.3	KB
29	9:00AM	ClubHouse Restroom	1.3	KB
30	9:00AM	ClubHouse Restroom	1.2	MM
31	9:00AM	ClubHouse Restroom	1.2	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.

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: Aug / 31 / 2025

Small Groundwater System ☐