

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 Sep, /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	1.2	Marshall Miller
2	9:30AM	Clubhouse Restroom	1.2	MM
3	9:00AM	Clubhouse Restroom	1.2	MM
4	9:00AM	Clubhouse Restroom	1.1	Kemper Bard
5	9:00AM	Clubhouse Restroom	0.5	KB
6	9:00AM	Clubhouse Restroom	0.5	MM
7	9:30AM	Clubhouse Restroom	0.5	MM
8	9:00AM	Clubhouse Restroom	0.5	MM
9	9:30AM	Clubhouse Restroom	1.1	MM
10	9:30AM	Clubhouse Restroom	1.0	MM
11	9:30AM	Clubhouse Restroom	1.0	KB
12	9:30AM	Clubhouse Restroom	1.0	KB
13	9:30AM	Clubhouse Restroom	1.1	MM
14	9:30AM	Clubhouse Restroom	1.1	MM
15	9:30am	Clubhouse Restroom	1.1	MM
16	9:00AM	Clubhouse Restroom	1.1	MM
17	9:00AM	Clubhouse Restroom	1.1	MM
18	9:00AM	Clubhouse Restroom	0.75	MM
19	9:00AM	Clubhouse Restroom	1.0	KB
20	9:30AM	Clubhouse Restroom	1.0	MM
21	9:30AM	Clubhouse Restroom	1.0	MM
22	9:30AM	Clubhouse Restroom	1.0	MM
23	9:30AM	Clubhouse Restroom	1.0	MM
24	9:30AM	Clubhouse Restroom	1.0	MM
25	9:00AM	Clubhouse Restroom	1.0	KB
26	9:30AM	Clubhouse Restroom	1.0	MM
27	9:30AM	Clubhouse Restroom	1.0	MM
28	9:30AM	Clubhouse Restroom	1.0	MM
29	9:30AM	ClubHouse Restroom	1.0	MM
30	9:00AM	ClubHouse Restroom	1.0	MM
31		ClubHouse Restroom		

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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: Sep / 30 / 2025

Small Groundwater System ☐