

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

| System Name Restful Haven Health Club | | | | PWS ID# 41 91609 |
|---|--------|---|--|--|
| Month/Year Nov, /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 | 0.9 | Marshall Miller |
| 2 | 8:30AM | Clubhouse Restroom | 0.9 | MM |
| 3 | 9:30AM | Clubhouse Restroom | 0.9 | MM |
| 4 | 9:00AM | Clubhouse Restroom | 0.9 | MM |
| 5 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 6 | 9:00AM | Clubhouse Restroom | 0.8 | Kemper Bard |
| 7 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 8 | 8:30AM | Clubhouse Restroom | 0.9 | MM |
| 9 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 10 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 11 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 12 | 8:30AM | Clubhouse Restroom | 0.8 | MM |
| 13 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 14 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 15 | 9:30am | Clubhouse Restroom | 0.8 | MM |
| 16 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 17 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 18 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 19 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 20 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 21 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 22 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 23 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 24 | 9:00AM | Clubhouse Restroom | 0.8 | MM |
| 25 | 9:00AM | Clubhouse Restroom | 0.8 | MM |
| 26 | 9:00AM | Clubhouse Restroom | 0.8 | MM |
| 27 | 9:00AM | Clubhouse Restroom | 0.8 | KB |
| 28 | 9:30AM | Clubhouse Restroom | 0.8 | MM |
| 29 | 9:30AM | ClubHouse Restroom | 0.8 | MM |
| 30 | 9:30AM | ClubHouse Restroom | 0.8 | MM |
| 31 | 0 | ClubHouse Restroom | 0 | |
| <p>Was the chlorine residual ever less than the required minimum residual of 1.0 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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>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>Attach those results and submit them with this form.</p> | | GWS Serving More Than 3,300 <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>Attach grab sample results and submit them with this form.</p> | | |
| Printed Name: Kemper Bard | | Title: Camp Host | | Operator Certification #: WTP-A |
| Signature: _____ | | Phone #: (503) 647-2449 | | OR |
| Date: Nov / 30 / 2025 | | Small Groundwater System <input type="checkbox"/> | | |