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

System Name: River Park RV Resort PWS ID# 41 01911

Month/Year: 08/21 Entry Point: Office 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	10am	Office	1.44	
2			1.51	
3			1.51	
4			1.50	
5			1.49	
6			1.50	
7			1.49	
8			1.47	
9			1.44	
10			1.50	
11			1.49	
12			1.49	
13			1.47	
14			1.48	
15			1.48	
16			1.48	
17			1.47	
18			1.50	
19			1.50	
20			1.48	
21			1.47	
22			1.14	
23			1.14	
24			1.13	
25			1.14	
26			1.13	
27			1.12	
28			1.12	
29			1.60	
30			1.58	
31			1.60	

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.

Small Surface Water System

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No

Attach monitoring results and submit them with this form.

Large Surface Water System

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples taken every four hours 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: Donna Logan Title: ___ Operator Certification #: ___

Signature: D Logan Phone #: 541-291-0456 OR

Date: 8/31/21 Small Groundwater System ☐