

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

System Name Riverpark RV Resort PWS ID# 41 91911  
 Month/Year 12/21 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	1.15	
2			1.14	
3			1.15	
4			1.13	
5			1.15	
6			1.15	
7			1.14	
8			1.13	
9			1.13	
10			1.14	
11			1.13	
12			1.13	
13			1.12	
14			1.11	
15			1.12	
16			1.12	
17			1.11	
18			1.10	
19			1.12	
20			1.17	
21			1.17	
22			1.10	
23			1.11	
24			1.10	
25			1.12	
26			1.12	
27			1.11	
28			1.11	
29			1.10	
30			1.11	
31			1.11	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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

<p>LESS SERVING 3,500 OR FEWER</p> <p>If you 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 copies of test results and data log with this report.</p>	<p>OVER SERVING MORE THAN 3,500</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe the equipment and the date and time of the failure and the corrective action taken.</p> <p>Attach good sample results and submit them with this form.</p>	<p>State conditions remaining unchanged (date)</p> <p>State if you returned to normal</p>
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Printed Name: Donna Logan Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541-295-1269  
 Date: 12/31/21 Small Groundwater System