

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

System Name Riverpark RV Resort PWS ID# 41 91911
 Month/Year 06/22 Entry Point: OFFIC 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	10:00		1.10	
2	10:00		1.11	
3	10:00		1.14	
4	10:00		1.14	
5	10:00		1.13	
6	10:00		1.14	
7	10:00		1.14	
8	10:00		1.13	
9	10:00		1.12	
10			1.12	
11			1.11	
12			1.12	
13			1.10	
14			1.11	
15			1.11	
16			1.11	
17			1.18	
18			1.19	
19			1.19	
20			1.20	
21			1.19	
22			1.21	
23			1.21	
24			1.20	
25			1.21	
26			1.20	
27			1.18	
28			1.18	
29			1.19	
30			1.19	
31				

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.

Serves serving 5,000 or fewer Serves serving more than 5,000
 If yes, did you monitor every four hours until the residual returned to 1.0 mg/L as required? Yes No
 Do continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were you notified immediately and was the problem corrected? Yes No
 Attach strip analysis results and submit them with this form.

Printer Name: Donna Loga Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1269 _____
 Date: _____ Small Groundwater System