

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

System Name Riverpark RV Resort PWS ID# 4191911  
 Month/Year 07 122 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	10:00		1.18	
2			1.17	
3			1.17	
4			1.16	
5			1.18	
6			1.19	
7			1.17	
8			1.19	
9			1.20	
10			1.19	
11			1.19	
12			1.18	
13			1.15	
14			1.17	
15			1.18	
16			1.20	
17			1.22	
18			1.27	
19			1.27	
20			1.28	
21			1.27	
22			1.27	
23			1.26	
24			1.27	
25			1.27	
26			1.27	
27			1.26	
28			1.25	
29			1.25	
30			1.24	
31			1.24	

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

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L?  
 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?  
 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: owner Operator Certification #: \_\_\_\_\_  
 Signature: Donna Logan 541-295-1269