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

System Name **RiverPark RV Resort**   PWS ID# **419/911**

Month/Year **OCT 1 2022** Entry Point: **Officca**   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	OFFICa	1.38	
2	10.00		1.38	
3	10:00		1.36	
4	10.00		1.37	
5	10:00		1.37	
6	10.00		1.36	
7	10.00		1.35	
8	10.00		1.36	
9	10.00		1.35	
10	10:00		1.36	
11	10.00		1.35	
12	10:00		1.34	
13	10:00		1.34	
14	10:00		1.33	
15	10:00		1.32	
16	10:00		1.32	
17	10:00		1.34	
18	10:00		1.35	
19	10:00		1.34	
20	10:00		1.34	
21	10:00		1.32	
22	10:00		1.33	
23	10.00		1.43	
24	10:00		1.45	
25	10.00		1.45	
26	10.00		1.47	
27	10.00		1.47	
28	10.00		1.46	
29	10:00		1.45	
30	10:0		1.46	
31	1.00		1.47	

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	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to ____ mg/L? Attach those results and submit them with this form.	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: **D Logan**   Phone #: **(541) 295-1287**