

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

System Name Riverpark RV Resort PWS ID# 41 91911  
 Month/Year NOV, 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	OFFIC	1.46	
2			1.46	
3			1.45	
4			1.44	
5			1.45	
6			1.44	
7			1.42	
8			1.43	
9			1.42	
10			1.43	
11			1.43	
12			1.42	
13			1.41	
14			1.41	
15			1.45	
16			1.45	
17			1.43	
18			1.42	
19			1.42	
20			1.41	
21			1.40	
22			1.38	
23			1.38	
24			1.39	
25			1.40	
26			1.41	
27			1.41	
28			1.46	
29			1.40	
30			1.40	
31				

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.

**WERE SERVING 3,000 OR FEWER** (over 3,000 serving quarters, Over 3,000)

If yes, did you monitor every four hours until the residual returned to meet as required?  Yes  No

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

When your ground treatment equipment failed, did you and the maintenance monitoring equipment was checked (operator or repairman)?  Yes  No

Airflow grab sample routine and submit them with this report.

(Date continuous monitoring equipment failed) \_\_\_\_\_

(Date it was returned to normal) \_\_\_\_\_

Printed Name: Donna Loga Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541-295-1269  
 Date: \_\_\_\_\_