

email 3-1  
4/08

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

System Name River Park RV Resort PWS ID# 41 91911  
 Month/Year Feb 23 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		1.8	
2	10:00		1.7	
3	10:00		1.7	
4	10:00		1.6	
5	10:00		1.7	
6	10:00		1.8	
7	10:00		1.8	
8	10:00		1.7	
9	10:00		1.9	
10	10:00		1.8	
11	10:00		1.7	
12	10:00		1.8	
13	10:00		1.8	
14	10:00		1.9	
15	10:00		1.8	
16	10:00		1.8	
17	10:00		1.7	
18	10:00		1.8	
19	10:00		1.7	
20	10:00		1.7	
21	10:00		1.6	
22	10:00		1.7	
23	10:00		1.8	
24	10:00		1.8	
25	10:00		1.7	
26	10:00		1.8	
27	10:00		1.7	
28	10:00		1.8	
29	<del>10:00</del>			
30				
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.

Systems serving 3,300 or fewer  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L or required?  Yes  No  
 Attach those results and submit them with this form.  
 Systems serving more than 3,300  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Attach any sample results and submit them with this form.

Printed Name: Danna Legu Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541-295-1269  
 Date: \_\_\_\_\_ Small Groundwater System