

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

System Name RIVER PARK RV RESORT

PWS ID# 4191911

Month/Year 4 1 23 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	OFFICE	1.12	
2	10:00		1.11	
3	10:00		1.11	
4	10:00		1.13	
5	10:00		1.12	
6	10:00		1.12	
7	10:00		1.25	
8	10:00		1.21	
9	10:00		1.40	
10	10:00		1.46	
11	10:00		1.60	
12	10:00		1.48	
13	10:00		1.31	
14	10:00		1.35	
15	10:00		1.32	
16	10:00		1.33	
17	10:00		1.33	
18	10:00		1.34	
19	10:00		1.35	
20	10:00		1.36	
21	10:00		1.35	
22	10:00		1.32	
23	10:00		1.27	
24	10:00		1.20	
25	10:00		1.20	
26	10:00		1.19	
27	10:00		1.16	
28	10:00		1.10	
29	10:00		1.08	
30	10:00		1.08	

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Donna Logan Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1269

5
2
9
16
23
30