

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

System Name RIVERPARK RV RESORT PWS ID# 41 91911
 Month/Year 01, 24 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	10:00A	OFFICE	1.4	
2			1.4	
3			1.5	
4			1.4	
5			1.3	
6			1.4	
7			1.4	
8			1.3	
9			1.3	
10			1.2	
11			1.2	
12			1.4	
13			1.4	
14			1.5	
15			1.4	
16			1.3	
17			1.2	
18			1.3	
19			1.3	
20			1.5	
21			1.5	
22			1.4	
23			1.4	
24			1.3	
25			1.2	
26			1.3	
27			1.3	
28			1.4	
29			1.3	
30			1.3	
31			1.3	

Was the chlorine residual ever less than the required minimum residual of 1.0 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.

<p>WHO'S SERVING WATER?</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <u>N/A</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Attach these results and submit them with this form.</p>	<p>WERE CONTINUOUS MONITORING EQUIPMENTS IN AT ANY TIME THIS REPORTING MONTH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If yes, were there any instances where the monitoring equipment failed to operate as required? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>N/A</u></p> <p>Attach grab sample results and submit them with this form.</p>	<p>WERE CONTINUOUS MONITORING EQUIPMENTS INSTALLED?</p> <p><u>N/A</u></p> <p>_____</p>
---	--	--

Printed Name: Donalagan Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1296 OR
 Date: 1/31/24 Small Groundwater System