

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

System Name Riverpark RV Resort PWS ID# 41 91911  
 Month/Year 3, 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	10:00	OFFICE	1.7	
2			1.7	
3			1.6	
4			1.4	
5			1.6	
6			1.7	
7			1.6	
8			1.5	
9			1.4	
10			1.4	
11			1.8	
12			1.8	
13			1.7	
14			1.7	
15			1.8	
16			1.6	
17			1.8	
18			1.7	
19			1.6	
20			1.8	
21			1.7	
22			1.5	
23			1.8	
24			1.7	
25			1.6	
26			1.8	
27			1.7	
28			1.6	
29			1.7	
30			1.8	
31			1.7	

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? 0 Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>    </u> mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form. <u>N/A</u></p>	<p><b>GWS Serving more than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were you notified according to your four-hour monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Donna Logan Title:      Operator Certification #:       
 Signature: [Signature] Phone #: 541-295-1269 OR  
 Date: 3/31/24 Small Groundwater System