

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

System Name RIVER PARK RV RESORT

PWS ID# 4191911

Month/Year 4 124 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	10:00		1.6	
3	10:00		1.7	
4	10:00		1.5	
5	10:00		1.6	
6	10:00		1.7	
7	10:00		1.6	
8	10:00		1.5	
9	10:00		1.7	
10	10:00		1.6	
11	10:00		1.4	
12	10:00		1.6	
13	10:00		1.2	
14	10:00		1.3	
15	10:00		1.4	
16	10:00		1.2	
17	10:00		1.2	
18	10:00		1.4	
19	10:00		1.3	
20	10:00		1.5	
21	10:00		1.4	
22	10:00		1.5	
23	10:00		1.3	
24	10:00		1.2	
25	10:00		1.2	
26	10:00		1.3	
27	10:00		1.4	
28	10:00		1.3	
29	10:00		1.3	
30	10:00		1.2	
31	10:00		1.2	

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? N/A hours

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 Attach those results and submit them with this form.
N/A

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 Date continuous monitoring equipment failed: N/A
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No N/A
 Date it was returned to service: N/A
 Attach grab sample results and submit them with this form.

Printed Name: Donna Logan
 Signature: [Signature]

Title: OWNER
 Phone #: 541-295-1269

Operator Certification #: