

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

EMAIL
 9:30
 3:15 PM

System Name River Park RV ReSoft PWS ID# 4191911
 Month/Year 9/30/24 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
9-1	10:00	office	1.25	
9-2	10:00		1.30	
9-3	10:00		1.29	
9-4			1.29	
9-5			1.28	
9-6			1.29	
9-7			1.27	
9-8			1.28	
9-9			1.29	
9-10			1.30	
9-11			1.31	
9-12			1.29	
9-13			1.28	
9-14			1.30	
9-15			1.32	
9-16			1.31	
9-17			1.30	
9-18			1.32	
9-19			1.53	
9-20			1.55	
9-21			1.54	
9-22			1.60	
9-23			1.62	
9-24			1.64	
9-25			1.70	
9-26			1.65	
9-27			1.64	
9-28			1.62	
9-29			1.65	
9-30			1.66	

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 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 Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: Donna Logan Title: OWNER Operator Certification #:
 Signature: [Signature] 541-295-1269