

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

System Name RIVERPAKE RV RESORT PWS ID# 41 91911  
 Month/Year 12-24 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	1.68	
2			1.64	
3			1.57	
4			1.60	
5			1.65	
6			1.63	
7			1.70	
8			1.80	
9			1.85	
10			1.90	
11			1.89	
12			1.92	
13			1.90	
14			1.84	
15			1.80	
16			1.75	
17			1.77	
18			1.72	
19			1.69	
20			1.70	
21			1.72	
22			1.69	
23			1.67	
24			1.69	
25			1.65	
26			1.68	
27			1.65	
28			1.60	
29			1.62	
30			1.60	
31			1.64	

Was the chlorine residual ever less than the required minimum residual of 1.00 mg/L?  Yes  No  
 If yes, what was the lowest free residual until the required level was restored? \_\_\_\_\_ hours - if > 4 hours, Drinking Water Program to be notified by end of next business day.

Were serving lines or power lines deranged during service from 12/24/2000 to 12/24/2000

If yes, did you monitor every four hours until the residual returned to min. or required?  Yes  No

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

Did continuous monitoring equipment fail?

If yes, were gas, nitrogen cylinders, every four hours tested to ensure proper calibration and operation? Were cylinders for chlorine or hypochlorite?  Yes  No

Attach with adverse results and correct them with this form.

Operator Name: Donna Logan Title: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541-295-7269 Operator Certification #: \_\_\_\_\_  
 Date: 12/24 Small Groundwater System