

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

System Name RiverPark RV Resort PWS ID# 41 91911  
 Month/Year 1/25 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	1.66	
2			1.68	
3			1.70	
4			1.72	
5			1.78	
6			1.88	
7			1.96	
8			1.94	
9			1.92	
10			1.90	
11			1.91	
12			1.88	
13			1.86	
14			1.89	
15			1.80	
16			1.82	
17			1.84	
18			1.86	
19			1.88	
20			1.90	
21			1.79	
22			1.68	
23			1.59	
24			1.60	
25			1.65	
26			1.70	
27			1.68	
28			1.60	
29			1.62	
30			1.69	
31			1.65	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L?  Yes  No  
 If yes, what was the lowest time report until the residual level was restored? \_\_\_\_\_ Hour - it's a hour. Drinking Water Program to be notified by end of next business day.

**LESS THAN 3,000 OR FLOW**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

Attach flow results and submit them with this form.

**3,000 OR GREATER**

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

If yes, when was the equipment repaired every four hours until the continuous monitoring equipment was returned to service as required? \_\_\_\_\_

Attach test sample results and submit them with this form.

Printed Name Donna Logan Title \_\_\_\_\_ Operator Certification # \_\_\_\_\_  
 Signature [Signature] Phone # 541-295-7269 OR  
 Date 1/1 Small Groundwater System