

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

System Name River Park RV Resort PWS ID# 41 91911  
 Month/Year            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	1.58	
2	10:00		1.58	
3	10:00		1.52	
4	10:00		1.58	
5	10:00		1.50	
6	10:00		1.52	
7	10:00		1.48	
8	10:00		1.50	
9	10:00		1.48	
10	10:00		1.50	
11	10:00		1.52	
12	10:00		1.58	
13	10:00		1.60	
14	10:00		1.72	
15	10:00		1.78	
16	10:00		1.80	
17	10:00		1.82	
18	10:00		1.84	
19	10:00		1.80	
20	10:00		1.78	
21	10:00		1.74	
22	10:00		1.76	
23	10:00		1.74	
24	10:00		1.72	
25	10:00		1.70	
26	10:00		1.72	
27	10:00		1.68	
28	10:00		1.66	
29				
30				
31				

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

**UTPD Serving 2,000 or more:**  
 If yes, did you monitor every four hours and the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach slope records and submit them with this form.

**UTPD Serving fewer than 2,000:**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were you notified?  Yes  No  
 Attach oral sample records and submit them with this form.

**Train continuous monitoring equipment (date):** \_\_\_\_\_  
 Attach a copy of the training record to this form.

Printed Name: D. Malaga  
 Signature: [Signature]  
 Title: \_\_\_\_\_

Phone: 541-295-1269

Operator Certification in:  GR  Small Groundwater System