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

System Name: RiverPark RV Resort — PWS ID#: 41 91911

Month/Year: 3 /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	1.70	
2			1.72	
3			1.70	
4			1.74	
5			1.72	
6			1.74	
7			1.72	
8			1.80	
9			1.78	
10			1.76	
11			1.78	
12			1.76	
13			1.80	
14			1.78	
15			1.76	
16			1.80	
17			1.78	
18			1.72	
19			1.70	
20			1.74	
21			1.70	
22			1.76	
23			1.74	
24			1.72	
25			1.70	
26			1.66	
27			1.64	
28			1.62	
29			1.66	
30			1.64	
31			1.60	

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 low chlorine level was restored? ____ Hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

Users serving 3,300 or fewer

If not, did you monitor every four hours until the residual returned to ____ mg/L or greater? ☐ Yes ☐ No

Attach chlorine results and submit them with this form.

Users serving more than 3,300

Did continuous monitoring equipment fail or was never this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach chlorine results and submit them with this form.

Date continuous monitoring equipment failed: ____/____/____

Date it was returned to service: ____/____/____

Printed Name: Donna Logan — Title: ____

Signature: Donna — Phone #: 541-295-8269

Date: ____/____/____

Operator Certification #: ____ OR

Small Groundwater System ☐