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

System Name: Riverpark RV Resort PWS ID# 41 91911

Month/Year: 5/25 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	1.20	
2	10:00		1.22	
3	10:00		122	
4	10:00		134	
5	10:00		133	
6	10:00		132	
7	10:00		130	
8	10:00		1.29	
9	10:00		1.28	
10	10:00		1.26	
11	10:00		1.29	
12	1000		128	
13	1000		1.27	
14	10:00		1.30	
15	10:00		128	
16	10:00		126	
17	10:00		126	
18	10:00		127	
19	10:00		126	
20	10:00		128	
21	10:00		129	
22	10:00		130	
23	10:00		1.35	
24	10:00		1.45	
25	10:00		165	
26	10:00		156	
27	10:00		158	
28	10:00		139	
29	10:00		1.48	
30	10:00		1.46	
31	10:00		1.40	

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.

Attach grab sample results and submit them with this form.

Printed Name: Donna Logan

Signature: [signature]

Date: __/__/__

Title: ____

Phone #: 541-295-1269

Operator Certification #: ____

Small Groundwater System ☐