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

System Name: Riverpark RV Rosort PWS ID# 41 91911

Month/Year: 7/25 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	1.10	
2	10:00		1.09	
3	10:00		1.09	
4	10:00		1.08	
5	10:00		1.07	
6	10:00		1.05	
7	10:00		1.01	
8	10:00		1.00	
9	10:00		1.99	
10	10:00		1.98	
11	10:00		1.90	
12	10:00		1.95	
13	10:00		1.93	
14	10:00		1.93	
15	10:00		1.86	
16	10:00		1.84	
17	10:00		1.84	
18	10:00		1.82	
19	10:00		1.78	
20	10:00		1.78	
21	10:00		1.76	
22	10:00		1.77	
23	10:00		1.78	
24	10:00		1.77	
25	10:00		1.78	
26	10:00		1.98	
27	10:00		1.96	
28	10:00		1.95	
29	10:00		1.94	
30	10:00		1.96	
31	10:00		1.77	

...the chlorine residual ever less than the required minimum residual of ______ mg/L? ☐ Yes ☒ No

...what was the longest time period until the required level was restored? ______ Hours – If > 4 hours, Drinking Water Program to be ...ed by end of next business day.

...s Serving 4,900 or Fewer

...did you monitor every four hours ...the residual returned to ______ mg/L or ...? ☐ Yes ☐ No

...date results and submit statement ...

GWS Serving More Than 3,300

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

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

Date continuous monitoring equipment failed: ____/____/____

Date it was returned to service: ...