

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

System Name RIVERPARK RV RESORT PWS ID# 4191911  
 Month/Year Jan 2021 Entry Point: OFFICCA 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	OFFICCA	1.56	
2	10:00		1.55	
3	10:00		1.35	
4	10:00		1.52	
5	10:00		1.52	
6	10:00		1.53	
7	10:00		1.57	
8	10:00		1.50	
9	10:00		1.50	
10	10:00		1.52	
11	10:00		1.51	
12	10:00		1.50	
13	10:00		1.50	
14	10:00		1.51	
15	10:00		1.49	
16	10:00		1.50	
17	10:00		1.48	
18	10:00		1.48	
19	10:00		1.49	
20	10:00		1.48	
21	10:00		1.47	
22	10:00		1.47	
23	10:00		1.47	
24	10:00		1.51	
25	10:00		1.32	
26	10:00		1.30	
27	10:00		1.30	
28	10:00		1.31	
29	10:00		1.31	
30	10:00		1.30	
31	10:00		1.30	

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

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L?  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  
 Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Donna Logan Title: OWNER Operator Certification #:  
 Signature: D Logan Phone #: 541-295-1287