

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

System Name Riverpark RV Resort FWS ID# 4191911
 Month/Year 07/21 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		OFFICE	1.50	
2			1.51	
3			1.51	
4			1.50	
5			1.50	
6			1.49	
7			1.48	
8			1.49	
9			1.48	
10			1.48	
11			1.49	
12			1.49	
13			1.47	
14			1.48	
15			1.49	
16			1.49	
17			1.46	
18			1.47	
19			1.46	
20			1.44	
21			1.46	
22			1.46	
23			1.44	
24			1.44	
25			1.46	
26			1.45	
27			1.45	
28			1.45	
29			1.46	
30			1.44	
31			1.44	

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Donna Logan Title: owner Operator Certification #: _____
 Signature: Donna Logan

