

Received Time: 9:53 AM No. 7817
 9-30-21
 SWT

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

System Name: Riverpark RV Resort PWS ID# 41 91911
 Month/Year: 9/21 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	10:00	OFFICE	1.60	
2			1.59	
3			1.59	
4			1.57	
5			1.56	
6			1.56	
7			1.57	
8			1.58	
9			1.52	
10			1.52	
11			1.50	
12			1.51	
13			1.50	
14			1.50	
15			1.50	
16			1.49	
17			1.48	
18			1.48	
19			1.47	
20			1.47	
21			1.46	
22			1.47	
23			1.46	
24			1.46	
25			1.47	
26			1.48	
27			1.47	
28			1.47	
29			1.46	
30			1.45	
31				

Was the chlorine residual ever less than the required minimum residual of 1.0 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? Hours - 0 hours. Drinking Water Program to be notified by end of next business day.

SWTS serving 3,000 or fewer SWTS serving more than 3,000

If you did not monitor every four hours until the residual returned to 1.0 mg/L as required? Yes No

Attach those results and submit them with this report.

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

If yes, what type of equipment failed? SWTS and was it repaired? Yes No

Attach any sample reports and submit them with this report.

Printed Name: Donna Loga Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1269
 Date: 9/21/21 Small Groundwater System