

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

System Name Riverpark RV Resort PWS ID# 41 91911
 Month/Year 10/21 Entry Point: Office Required Minimum Residual: 1.0 mg/L

Date	Time(s)	Tap(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			1.45	
2			1.43	
3			1.43	
4			1.44	
5			1.44	
6			1.43	
7			1.42	
8			1.43	
9			1.47	
10			1.41	
11			1.42	
12			1.42	
13			1.40	
14			1.40	
15			1.40	
16			1.39	
17			1.38	
18			1.38	
19			1.40	
20			1.41	
21			1.39	
22			1.40	
23			1.39	
24			1.38	
25			1.39	
26			1.38	
27			1.51	
28			1.59	
29			1.58	
30			1.58	
31			1.57	

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.

Systems serving 1,500 or fewer **Systems serving more than 1,500**

If yes, did you monitor every four hours until the residual returned to meet or required? Yes No Do continuous monitoring equipment fail at any time this reporting month? Yes No Did the continuous monitoring equipment fail?

Attach grab sample results and submit them with this form.

Printed Name: Donna Loga Title: _____ Operator Certification #: _____
 Signature: _____ Phone #: 541-295-1269 **Small Groundwater System**

