

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

System Name Riverpark RV Resort PWS ID# 41 91911
 Month/Year 11/21 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	1.58	
2			1.57	
3			1.57	
4			1.56	
5			1.56	
6			1.54	
7			1.55	
8			1.37	
9			1.35	
10			1.24	
11			1.25	
12			1.25	
13			1.24	
14			1.23	
15			1.21	
16			1.26	
17			1.23	
18			1.23	
19			1.27	
20			1.22	
21			1.26	
22			1.14	
23			1.14	
24			1.14	
25			1.13	
26			1.14	
27			1.14	
28			1.12	
29			1.12	
30			1.11	
31				

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.

City of [Name] serving a portion of power [Name] serving water from [Name]

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Did you continuously monitor reporting main? Yes No

Did you continuously monitor reporting main? Yes No

Attach grab sample results and submit them with this form.

Printer Name: Demalega Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1269
 Date: _____ Small Groundwater System