

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

System Name Riverpark RV Resort PWS ID# 41 91911
 Month/Year 03/22 Entry Point: OFFIC 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		1.34	
2			1.33	
3			1.33	
4			1.24	
5			1.55	
6			1.54	
7			1.90	
8			1.31	
9			1.31	
10			1.30	
11			1.31	
12			1.30	
13			1.3	
14			1.31	
15			1.29	
16			1.30	
17			1.29	
18			1.30	
19			1.30	
20			1.30	
21			1.28	
22			1.29	
23			1.29	
24			1.28	
25			1.28	
26			1.27	
27			1.28	
28			1.28	
29			1.27	
30			1.27	
31			1.26	

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 - if ≥ 4 hours, Drinking Water Program to be notified by end of next business day.

Was serving 3,000 or fewer PWSs Serving More Than 3,000

If you did you monitor every four hours until the residual returned to 1.0 mg/L as required? Yes No

Attach these results and submit them with this form.

Do you have monitoring equipment that is not time clock reporting mode? Yes No

Do you have any chlorine residuals ending in zero which is not a true reading? Yes No

Attach these results and submit them with this form.

Do you continuously monitor (continuous monitoring) (continuous flow)? Yes No

Do you have a chlorine residual monitoring system? Yes No

Do you have a chlorine residual monitoring system? Yes No

Printer Name: Donna Loga Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: 541-295-1269
 Date: 3/31/22 Small Groundwater System