

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

System Name RiverPark RV Resort PWS ID# 4191911  
 Month/Year 12, 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	OFFIC	1.39	
2			1.41	
3			1.42	
4			1.42	
5			1.41	
6			1.42	
7			1.41	
8			1.41	
9			1.40	
10			1.38	
11			1.39	
12			1.39	
13			1.38	
14			1.38	
15			1.36	
16			1.36	
17			1.35	
18			1.36	
19			1.35	
20			1.35	
21			1.34	
22			1.34	
23			1.33	
24			1.32	
25			1.32	
26			1.31	
27			1.31	
28			1.30	
29			1.29	
30			1.30	
31			1.29	

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  $\geq 4$  hours, Drinking Water Program to be notified by end of next business day.

1-5000 serving, 2,000 or fewer  
 1-50000 serving, more than 2,000

If you did not monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 If you did not monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required, attach and submit them with this form.

Do continuous monitoring equipment fail at any time this reporting period?  Yes  No  
 If you have continuous monitoring equipment that failed, attach and submit them with this form.

Attach and submit them with this form.

Printed Name: Donna Loga Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541-295-1269  
 Date: 12/31/22 Single Groundwater System