

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

System Name Mertin Mobile Home Park PWS ID# 4193484
 Month/Year 06/2025 Entry Point: Required Minimum Residual 1.6 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	2 PM	well	1.76	
18	3 PM	well	1.80	
19	3:30	well	1.65	
20	11:30	well	1.85	
21	2:00	well	1.89	
22	4:30	well	2.10	
23	2:00	well	2.05	
24	8:00 AM	well	1.95	
25	4:30	well	2.0	
26	3:45	well	1.9	
27	6:00	well	2.0	
28	8 AM	well	2.1	
29	4 PM	well	2.0	
30	6	well	2.1	
31	7	well	2.2	

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.

GWS Serving 3,300 or Fewer

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

Attach those results and submit them with this form.

GWS Serving More Than 3,300

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name: Connie Eaton

Title: Owner - Park

Operator Certification #:

Signature: Connie Eaton

Phone #: (541) 14745076

OR

Date: 1/1

Small Groundwater System ☒

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019