

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

System Name Mountain Man RV Park



PWS ID# 4 1 94512

Month/Year _03/2022

Entry Point: PUMP house EP-B

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	9:00		1.3	
2	11:00		1.3	Added 80 oz CL 40 gal H2O`
3	9:00		1.3	
4	9:00		1.4	
5	9:00		1.5	
6	9:30		1.5	
7	9:00		1.6	
8	9:00		1.7	
9	9:00		1.6	
10	9:00		1.6	
11	8:30		1.6	
12	8:30		1.5	
13	9:00		1.5	
14	8:30		1.4	
15	9:00		1.4	
16	10:00		1.3	Added 80 oz CL 40 gal H2O
17	9:00		1.4	
18	9:00		1.5	
19	1:00	pm	1.6	
20	9:00		1.6	
21	9:00		1.5	
22	10:30		1.5	
23	9:00		1.4	
24	9:00		1.4	
25	9:00		1.3	
26	8:00		1.3	
27	9:00		1.2	
28	9:00		1.2	
29	8:30		1.2	
30	8:30		1.1	
31	10:30		1.1	Added 80 oz CL 40 gal H2O

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / //</p>

Printed Name: Jeffrey Hintz Signature: _____ Date: 04 / 03 / 2022	Title: owner Phone #: (541) 592-2656	Operator Certification #: oesac #1820 OR Small Groundwater System <input type="checkbox"/>
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