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

System Name Mou		Mountain Man RV Pa	rk 📁	PWS ID# 4 1 94512		
Month/Year _12/2022 Entry Point: PUmp house EP-B Required Minimum Res						Residual 1.0 mg/L
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:00			1.7		
2	9:00			1.6		
3	9:00			1.6		
4	9:30			1.5		
5	9:30			1.4		
6	9:30			1.4		
7	9:00			1.3		
8	10:00			1.3	Added 80 o	z CL 40 gal H2O
9	9:00			1.4		
10	9:30			1.5		
11	10:00			1.6		
12	9:30			1.7		
13	9:30			1.6		
14	9:00			1.7		
15	9:00			1.6		
16	9:30			1.5		
17	9:00			1.5		
18	9:30			1.5		
19	9:00			1.4		
20	9:00			1.4		
21	9:00			1.3		
22	11:00			1.3	Added 80 o	z CL 40 gal H2O
23	9:00			1.4		
24	9:00			1.5		
25	9:30			1.6		
26	9:30			1.5		
27	9:30			1.5		
28	9:00			1.4		
29	9:00			1.3		
30	9:00			1.3		
31 9:30 1.3						
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						
GWS Serving 3,300 or Fewer			GWS Serving More Than 3,300			300
If yes, did you monitor every four hours until the residual returned to mg/L? ☐ Yes ☐ No Attach those results and submit them with this form.			reporting month	monitoring equipment fail at a n? ☐ Yes ☒ No	•	Date continuous monitoring equipment failed:
			If yes, were grab samples collected every four ho continuous monitoring equipment was returned to Yes No		ed to service?	Date it was returned to service:
			Attach grab sample results and submit them with		with this form.	1 111
Printed Name: Jeffrey Hintz			Title: owner		Operator Certification #: oesac #1820	
Signature:			Phone #: (541) 592-2656		OR	
Date: 01	1 / 04 / 2022				Small G	roundwater System