

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 _06/2023

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	8:00		1.5	
2	8:00		1.5	
3	8:30		1.6	
4	8:00		1.7	
5	8:00		1.6	
6	7:00		1.5	
7	7:00		1.5	
8	7:00		1.4	
9	7:30		1.4	
10	10:00		1.3	Added 80 oz CL 40 gal H2O
11	8:00		1.3	
12	8:00		1.4	
13	7:00		1.5	
14	7:30		1.5	
15	8:00		1.6	
16	8:00		1.7	
17	8:00		1.7	
18	8:00		1.8	
19	8:00		1.7	
20	8:00		1.7	
21	7:30		1.6	
22	7:00		1.5	
23	7:00		1.5	
24	10:00		1.4	Added 80 oz CL 40 gal H2O
25	7:30		1.4	
26	7:00		1.5	
27	7:00		1.5	
28	8:00		1.6	
29	7:00		1.7	
30	8:00		1.6	
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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
 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.

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?
 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: Jeffrey Hintz

Title: owner

Operator Certification #: oesac #1820

Signature: _____

Phone #: (541) 592-2656

OR

Date: 07 / 09 / 2023

Small Groundwater System