

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 \_07/2023

Entry Point: PUmph 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		1.6	
2	7:00		1.5	
3	7:30		1.5	
4	7:00		1.4	
5	8:00		1.4	
6	7:00		1.4	
7	9:30		1.3	Added 80 oz CL 40 gal H2O
8	7:30		1.4	
9	7:30		1.4	
10	7:00		1.5	
11	7:00		1.6	
12	8:00		1.6	
13	7:00		1.5	
14	7:30		1.7	
15	7:00		1.6	
16	8:00		1.6	
17	8:00		1.5	
18	8:00		1.4	
19	8:00		1.4	
20	8:00		1.3	
21	10:00		1.2	Added 80 oz CL 40 gal H2O
22	7:00		1.2	
23	7:00		1.3	
24	7:00		1.4	
25	7:00		1.4	
26	7:00		1.5	
27	7:00		1.5	
28	7:30		1.4	
29	7:00		1.4	
30	7:00		1.4	
31	7:30		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**  
 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  
 Signature: \_\_\_\_\_ Phone #: (541) 592-2656  
 Date: 08 / 08 / 2023

Operator Certification #: oesac #1820  
 OR  
 Small Groundwater System