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

System Name		Sweetbrier Train & RV Park			PWS ID# 4 1 94988					
Febr Month/Year 202				wpt-c ca	wpt-c cabin		equired Minimum Residual .5 mg/L			
Date	Time	Sourc	e(s) in use		Lowest free ch residual at entry distribution syste	point to	Notes			
1	6:00pm	.8								
2	6:00pm	.8								
3	6:00pm	.8								
4	6:00pm	.8								
5	6:00pm	.7								
6	6:00pm	.7								
7	6:00pm	.7								
8	6:00pm	.7								
9	6:00pm	.7								
10	6:00pm	.7								
11	6:00pm	.7								
12	6:00pm	.7								
13	6:00pm	.6								
14	6:00pm	.6								
15	6:00pm	.6								
16	6:00pm	.6								
17	6:00pm	.6								
18	6:00pm	.6								
19	6:00pm	.6								
20	6:00pm	.6								
21	6:00pm	.6								
22	6:00pm	.9					Added water and chlorine			
23	6:00pm	.9								
24	6:00pm	.9								
25	6:00pm	.9								
26	6:00pm	.9								
27	6:00pm	.9								
28	6:00pm	.9								
29	6:00pm									
30	6:00pm									
31	6:00pm									
Was the chlorine residual ever less than the required minimum residual of. 0.5 mg/L?  Yes x No										
If yes,	what was	the longest time	e period ur	ntil the red	quired level was	restored?	hours – If > 4 hours, Drinking Water	<u>er</u>		
Program to be notified by end of next business day.										

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GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300				
If yes, did you monitor every four hours until the residual returned to mg/L as required?□Yes	Did continuous monitoring equipment time this reporting month?	Date continuous monitoring equipment failed:			
Attach those results and submit them with this form.	If yes, were grab samples collected e hours until the continuous monitoring was returned to service as required?  No  Attach grab sample results and submithis form.	/ / Date it was returned to service: / /			
Printed Name: Dustin Anderson	Title: Owner	Operator Certification #:			
Signature:	Phone #: (503) 859- 2774	OR			
Date:		Small Gr	oundwater System		