

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

System Name Sweetbrier Train & RV Park

PWS ID# 4 1 94988

Month/Year  October 2023

Entry Point: wpt-c cabin

Required Minimum Residual .5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:00pm		.6	
2	6:00pm		.6	
3	6:00pm		.6	
4	6:00pm		.6	
5	6:00pm		.9	added water and chlorine
6	6:00pm		.9	
7	6:00pm		.9	
8	6:00pm		.9	
9	6:00pm		.9	
10	6:00pm		.9	
11	6:00pm		.9	
12	6:00pm		.9	
13	6:00pm		.8	
14	6:00pm		.8	
15	6:00pm		.8	
16	6:00pm		.8	
17	6:00pm		.8	
18	6:00pm		.8	
19	6:00pm		.8	
20	6:00pm		.8	
21	6:00pm		.7	
22	6:00pm		.7	
23	6:00pm		.7	
24	6:00pm		.7	
25	6:00pm		.7	
26	6:00pm		.7	
27	6:00pm		.7	
28	6:00pm		.7	
29	6:00pm		.7	
30	6:00pm		.7	
31	6:00pm			

Was the chlorine residual ever less than the required minimum residual of. 0.5 mg/L?

Yes No

If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

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<p style="text-align: center;">GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes</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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-right: 1px solid black; padding: 5px;"> <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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </td> <td style="width: 30%; padding: 5px;"> <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> </td> </tr> </table>	<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 as required? <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>
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<p>Printed Name: Dustin Anderson</p> <p>Signature: _____</p> <p>Date:</p>	<p>Title: Owner</p> <p>Phone #: (503) 859-2774</p>	<p>Operator Certification #:</p> <p style="text-align: center;">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>	