

System Name **Patio RV Park**

PWS ID# **4 1 00127**

Month/Year **Mar 2021** Entry Point: **Source A**

Required Minimum Residual **0.3 mg/L**

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

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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Isaiah Shaurate  
 Signature: [Signature]  
 Date: 4/1/2021

Title: Manager  
 Phone #: (541) 822-3596

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System