

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **July 21** 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		
2	9A	PH		Bleach
3	9A	PH	.5	Water
4	9A	PH	.4	2c 3 gal.
5	9A	PH	.4	
6	9A	PH	.4	
7	9A	PH	.4	
8	9A	PH	.4	
9	9A	PH	.4	
10	9A	PH	.4	
11	9A	PH	.4	2c 3 gal
12	9A	PH	.4	
13	9A	PH	.4	
14	9A	PH	.4	
15	9A	PH	.4	
16	9A	PH	.4	
17	9A	PH	.4	2c 3 gal
18	9A	PH	.4	
19	9A	PH	.4	
20	9A	PH	.4	
21	9A	PH	.4	
22	9A	PH	.4	
23	9A	PH	.4	2c 3 gal
24	9A	PH	.4	
25	9A	PH	.4	
26	9A	PH	.4	
27	9A	PH	.4	
28	9A	PH	.4	
29	9A	PH	.4	
30	9A	PH	.4	
31	9A	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. **n/a**

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 as required? Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: **1/1/21**
 Date it was returned to service: **1/1/21**

Printed Name: **Isariah Shumate**
 Signature: *[Signature]*
 Date: **8/1/2021**

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

Operator Certification #: _____
 OR
 Small Groundwater System

541-822-3596



To: 1971 673-0694

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

From: 1541 822-3596

Patio RV
55636 McKenzie River Drive
Blue River, OR. 97413

Manager:

Izzy Shumate
cell # (541) 610-9580

