

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **Sept 12 2022** 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	.6	
2	9A	PH	.54	
3	9A	PH	.54	
4	9A	PH	.5	
5	9A	PH	.5	
6	9A	PH	.5	
7	9A	PH	.5	
8	9A	PH	.5	
9	9A	PH	.7	
10	9A	PH	.69	
11	9A	PH	.6	
12	9A	PH	.6	
13	9A	PH	1.0	
14	9A	PH	.66	
15	9A	PH	.66	
16	9A	PH	.6	
17	9A	PH	.6	
18	9A	PH	.6	
19	9A	PH	.6	
20	9A	PH	.6	
21	9A	PH	.6	
22	9A	PH	.6	
23	9A	PH	.7	
24	9A	PH	.7	
25	9A	PH	.7	
26	9A	PH	.6	
27	9A	PH	.6	
28	9A	PH	.6	
29	9A	PH	.75	
30	9A	PH	.66	
31	9A	PH	.65	

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 .3 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
 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.
n/a

Printed Name: Izzy Shumatz
 Signature: [Signature]
 Date: 10/1/2022

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

Operator Certification #: _____
 OR
 Small Groundwater System