

# Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **5 12023** 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               | .64  |       |
| 2    | 9A   | PH               | .6   |       |
| 3    | 9A   | PH               | .6   |       |
| 4    | 9A   | PH               | .6   |       |
| 5    | 9A   | PH               | .64  |       |
| 6    | 9A   | PH               | .6   |       |
| 7    | 9A   | PH               | .64  |       |
| 8    | 9A   | PH               | .59  |       |
| 9    | 9A   | PH               | .59  |       |
| 10   | 9A   | PH               | .59  |       |
| 11   | 9A   | PH               | .59  |       |
| 12   | 9A   | PH               | .52  |       |
| 13   | 9A   | PH               | .51  |       |
| 14   | 9A   | PH               | .5   |       |
| 15   | 9A   | PH               | .5   |       |
| 16   | 9A   | PH               | .5   |       |
| 17   | 9A   | PH               | .42  |       |
| 18   | 9A   | PH               | .3   |       |
| 19   | 9A   | PH               | .55  |       |
| 20   | 9A   | PH               | .45  |       |
| 21   | 9A   | PH               | .5   |       |
| 22   | 9A   | PH               | .5   |       |
| 23   | 9A   | PH               | .44  |       |
| 24   | 9A   | PH               | .69  |       |
| 25   | 9A   | PH               | .6   |       |
| 26   | 9A   | PH               | .59  |       |
| 27   | 9A   | PH               | .58  |       |
| 28   | 9A   | PH               | .54  |       |
| 29   | 9A   | PH               | .63  |       |
| 30   | 9A   | PH               | .52  |       |
| 31   | 9A   | PH               | .54  |       |

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  
 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: \_\_\_\_\_  
 Signature: *[Signature]*  
 Date: **6/1/2023**  
 Title: **Manager**  
 Phone #: **(541) 822-3596**

Operator Certification #:  
 OR  
 Small Groundwater System