

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **41 00127**

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

Was the chlorine residual ever less than the required minimum residual of **3** 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> <p style="text-align: center;">n/a</p>	<p><b>GWS Serving More Than 3,300</b></p> <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? n/a <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Izzy Shumate Title: Manager Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 822-3596 OR  
 Date: 8/1/2023 Small Groundwater System

Oregon Health Authority,

Sept.25,2023

I am attaching a copy of July,2023 monthly disinfection report. The entry on the 12<sup>th</sup> was supposed to be 1. Not as shown .1. I did run back the test equipment and the entry was 1.0 . Please let me know if you have any further questions. Also sorry for the time it took to respond, we were evacuated due to fires in our area! This caused our files to be packed away and I couldn't get to the records.

Manager: Sherri Shumate

Patio RV Park

(541)822-3596

RECEIVED 9-25-23

Oregon Drinking Water Services ♦ 971-673-0405 ♦ www.healthoregon.org/dwp

# NOTICE

Your water system recently received one or more violations. Please visit our website at <http://yourwater.oregon.gov/violsum.php> to review your violation(s). Please remember that sample results must be received in the Drinking Water Services office by the 10th of the month following the monitoring period to avoid a non-reporting violation. If you have any questions, please call your technical representative listed under the return address on the back of this notice.

