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

System Name   Patio RV Park   PWS ID#   41   00127

Month/Year 04 / 24   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	.7	
2	9A	PH	.7	
3	9A	PH	.7	
4	9A	PH	.6	
5	9A	PH	.6	
6	9A	PH	.6	
7	9A	PH	.7	
8	9A	PH	.7	
9	10A	PH	.6	
10	10A	PH	.7	
11	9A	PH	.6	
12	9A	PH	.6	
13	10A	PH	.6	
14	10A	PH	.7	
15	9A	PH	.7	
16	9A	PH	.7	
17	12P	PH	.8	
18	12P	PH	.8	
19	12N	PH	.9	
20	12N	PH	.9	
21	12N	PH	.7	
22	12N	PH	.7	
23	12N	PH	.7	
24	12N	PH	.7	
25	11A	PH	.7	
26	11A	PH	.7	
27	11A	PH	.6	
28	11A	PH	.6	
29	11A	PH	.6	
30	11A	PH	.6	
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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	GWS Serving More Than 3,300	
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	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 n/a Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Izzy Shumate   Title: Manager   Operator Certification #:

Signature: _Shu_   Phone #: (541) 822-3596   OR

Date: 4 / 30 / 2024   Small Groundwater System ☒