

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park** PWS ID# **41 00127**
 Month/Year **07 124** 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	11A	PH		
2	11A	PH		
3	9A	PH		
4	9A	PH		
5	9A	PH		
6	9A	PH		
7	11A	PH		
8	10	PH		
9	10A	PH		
10	10A	PH		
11	10A	PH		
12	10A	PH		
13	10A	PH		
14	10A	PH		
15	10A	PH		
16	10A	PH		
17	10A	PH		
18	11A	PH		
19	10A	PH		
20	10A	PH		
21	10A	PH		
22	9A	PH		
23	10A	PH		
24	10A	PH		
25	10A	PH		
26	10A	PH		
27	10A	PH		
28	10A	PH		
29	10A	PH		
30	10A	PH		
31	11A	PH		

Was the chlorine residual ever less than the required minimum residual of **0.3** mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? **n/a** hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> <p>n/a</p>	<p>GWS Serving More Than 3,300</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> <p>n/a</p>	<p>Date continuous monitoring equipment failed:</p> <p>/ /</p> <p>Date it was returned to service:</p> <p>/ /</p>
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Printed Name: **Izzy Shumate** Title: **Manager** Operator Certification #: _____
 Signature: *[Signature]* Phone #: **(541) 822-3596** OR
 Date: **08/02/2024** Small Groundwater System