Monthly Disinfection Report for Ground Water Systems

System Name Pa		Patio RV Park		PWS ID# 4 1 00127			
Month/Y	ear 10	12024 Entry Pa	oint: Source A	Re	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	Pt	1	7	7		
2	AP	PH		- 1			
3	AP	p	4	7			
i 4	9A	P	H	14	3/000	30;	
5	94	E	H	2	1310W	in differnoon	
6	91	41-		V Do			
. 7	Q'A	Pt	+	.8			
8	AP_	Pt	-	Q.			
9 -	100	ρι	+	. 8			
10	10A		Ü	7			
11	ÍOA	P	H				
12	101	10	14	1-1-7			
13	10A	The state of the s	H		131.	(
14	IDA	p	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	- 6	1510W	in afternoon!	
15	9A		and the control of th	· 9			
16	94	ρ	14	10			
17	AP_		H	• 6			
18	.91		PIT	. 9			
19	9A		H	- 40			
20	gs.		PH	- Q			
21	GA		OH				
22	91		041	- 19			
23	104		0#	÷6			
24	10A		>#	. 8			
25	AOI		015				
26	IOA	1	2N	0000			
27	JOA	The second secon	n	8			
28	104		PH	7	71000		
29	IOA	R	H		10001	naster noon!	
30	IOA	P	A	14		b (
31	9A	0	1+-	17			
Was the chloring residual over less than the							
ii yes, what was the longest time period until the required level was restored to							
notified by end of next business day. hours — If > 4 hours, Drinking Water Program to be							
GWS Saming 2 200 a. F.							
			GWS Serving More Than 3,300				
If yes, did you monitor every four hours until the residual returned to , ♂ mg/L as required? ☑ Yes ☐ No			Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:				
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No No No Service:				
			Attach grab sample results and submit them with this form.				
Printed Name:			Title: Manager		Operator Certification #:		
Signature: Sust		Phone #: (541) 822-3596		OR			
Date: 11412024				, 0000	Small G	roundwater System 🔀	