

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**PWS ID# **41 00127**Month/Year **Mar 12 2025** 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	10A	PH	.7	
2	10A	PH	.6	
3	10A	PH	.6	
4	10A	PH	.6	
5	10A	PH	.6	
6	10	PH	.7	
7	10A	PH	.7	
8	10A	PH	.7	
9	10A	PH	.8	
10	10A	PH	.8	
11	10A	PH	.8	
12	9	PH	.7	
13	10	PH	.7	
14	10	PH	.7	
15	10	PH	.7	
16	10	PH	.7	
17	10	PH	.7	
18	10	PH	.7	
19	10	PH	.7	
20	10	PH	.7	
21	10	PH	.7	
22	10	PH	.7	
23	12	PH	.6	
24	10	PH	.6	
25	10	PH	.6	
26	10	PH	.6	
27	9	PH	.5	
28	9	PH	.5	
29	10	PH	.6	
30	10	PH	.6	
31	10	PH	.6	

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?
 notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name:

Signature: Date: **3/31/2025**

Title: Manager

Phone #: (541) 822-3596

Operator Certification #:

OR

Small Groundwater System ☒