

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**PWS ID# **41 00127**Month/Year **4 12025** 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	10	PH	.6	
2	10	PH	.6	
3	10	PH	.7	
4	10	PH	.7	
5	10	PH	.7	
6	10	PH	.7	
7	10	PH	.7	
8	10	PH	.7	
9	10	PH	.8	
10	9	PH	.8	
11	10	PH	.8	
12	10	PH	.7	
13	10	PH	.7	
14	9	PH	.7	
15	9	PH	.7	
16	9	PH	.6	
17	9	PH	.6	
18	10	PH	.6	
19	10	PH	.7	
20	10	PH	.6	
21	10	PH	.6	Edge here
22	10A	PH	.5	3 0 4-21-25 23
23	10A	PH	.5	
24	10A	PH	.5	
25	10/3	PH	.5/13	
26	10	PH	.5	
27	10	PH	.6	
28	9A	PH	.6	
29	10	PH	.6	Edge here
30	10	PH	.6	
31		PH	.6	

Was the chlorine residual ever less than the required minimum residual of **mg/L?** ☒ Yes ☐ NoIf yes, what was the longest time period until the required level was restored? **2** hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.**GWS Serving 3,300 or Fewer**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.

Was correct .6 when red**GWS Serving More Than 3,300**Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ NoIf 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: **LA 511**Date: **5/1/2025**

Title: Manager

Phone #: (541) 822-3596

Operator Certification #:

OR

Small Groundwater System ☒Received Time **May 1, 2025 4:00 PM** No. **0992** back was bad. Was .6 when red