



Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **5 12025** Entry Point: **Source A**

Required Minimum Residual **.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	.6	
2	10A	PH	.7	
3	10A	PH	.8	Edge here.
4	10A	PH	.8	
5	10A	PH	.8	
6	10	PH	.8	
7	10	PH	.8	
8	10	PH	.7	
9	10	PH	.7	
10	10	PH	.7	
11	10	PH	.7	
12	10	PH	.7	
13	10	PH	.6	
14	10	PH	.6	
15	10	PH	.6	
16	10	PH	.6	
17	10	PH	.6	
18	10	PH	.5	
19	10	PH	.5	
20	10	PH	.5	
21	9	PH	.5	*add 1 cup
22	9	PH	.6	
23	9	PH	.6	
24	9	PH	.6	
25	9	PH	.6	
26	10	PH	.6	
27	10	PH	.6	
28	10	PH	.6	
29	10	PH	.6	
30	10	PH	.6	
31	10	PH	.5	

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? _____ 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.

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:

1 1 n/a

Date it was returned to service:

1 1 n/a

Printed Name: **Izzy Shumate**

Signature: *[Signature]*

Date: **6/2/2025**

Title: **Manager**

Phone #: **(541) 822-3596**

Operator Certification #:

OR

Small Groundwater System ☒