## Wonthly Disinfection Report for Ground Water Systems

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Systen	ı Name	Pafio RV Park			water syste	91718	
i					PWS ID# 4	1 00127	
		LAOCS Entry	Point: Source A		Required Minim	num Residual 0.3 mg/L	
Date 1	Time	Source	(s) in use	Lowest free chlorin residual at entry poin distribution system (m	le l	Notes	
2	10	. P	H	5	g/L/		
3	10	P		10			
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5	10		4	. 6			
6	10	Pi	H	(6			
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28	10	, bt7		*7			
29	10	DH					
30	10						
31	0	Wil	_	/			
Vas the c	nlorine residu	IS Over less than the	The same of the sa				
yes, wha	t was the lon	gest time period uni	required minimum n il the required level w	esidual of 3 mg/L? [	Yes 🔯 No		
				as restoled t your	s-16>4 hours, C	Drinking Water Program to b	
GIAS S	ierving 3,3	300 or Fewer		the second secon			
yes, did you monitor every four hours  Did contain the residual returned to male reporting			Did continuous mo	GWS Serving More Than 3,300 nuous monitoring equipment feil at any time this Date continuous monitoring			
required? Yes No.		reperting months:	Tige 557 1//0		Date continuous monitorin equipment failed:		
IS IUITI.			amples collected every for ing equipment was return Yes \(\sum \text{No}\)	ur hours until the	Date it was returned to		
Affach grab sam			Attach grab sample	results and submit them	service:		
nted Nam	ie:	( ;	Title: Ma				
natur <del>e</del> : _	CIM	1) We	<del></del> ,	t (541) 822-3596		r Certification #:	
e: 7	121:	2025	, none	- (- 11) 044-0080	_	OR	
		Maria Maria			Small Gr	oundwater System 🗵	

Gmail - Daily Deposits



07-02-20.

To: 1971 673-0694

Monthly Disinfection Report for Ground Water Systems

fax from: 1541 822-8392

Patio RV 55636 McKenzie River Drive Blue River, OR. 97413

PWS 10# 41 00127

· Manager:

Izzy Shumate