

Monthly Disinfection Report for Ground Water Systems

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System Name **Patio RV Park**

PWS ID# 41 00127

Month/Year **7 125** 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		
2	10	PH	.7	
3	10	PH	.6	
4	10	PH	.6	
5	10	PH	.6	
6	10	PH	.6	
7	10	PH	.7	
8	10	PH	.7	
9	9	PH	.7	
10	9	PH	.7	
11	10	PH	.7	
12	10	PH	.7	
13	10	PH	.7	
14	10	PH	.7	
15	9	PH	.7	
16	9	PH	.6	
17	9	PH	.6	
18	9	PH	.6	
19	9	PH	.6	
20	9	PH	.7	
21	9	PH	.7	
22	10	PH	.8	
23	10	PH	.8	
24	10	PH	.7	
25	10	PH	.7	
26	10	PH	.7	
27	10	PH	.7	
28	10	PH	.7	
29	10	PH	.8	
30	9	PH	.8	
31	10	PH	.8	

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? none 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:

Date it was returned to service:

Printed Name:

Signature: [Signature]Date: 8/1/2025

Title: Manager

Phone #: (541) 822-3596

Operator Certification #:

OR

Small Groundwater System ☒

541) 822-3596

Gmail - Daily Deposits

08-01-20



To: 1971 673-0694

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

fax
From: 1541 822-8392

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

PWS ID# 41 00127

Manager:

Izzy Shumate