

# Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**PWS ID# **41 00127**Month/Year **11 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	10A	PH	.5	
2	10A	PH	.5	
3	10A	PH	.5	
4	10A	PH	.6	
5	10A	PH	.7	
6	10	PH	.7	
7	10	PH	.7	
8	10	PH	.8	
9	10	PH	.8	
10	10	PH	.8	
11	10	PH	.8	
12	10	PH	.8	water off for repair
13				new tank
14				* Flushed & tested
15				before & after turned on
16	10	PH	.9	
17	10	PH	.9	
18	10	PH	.9	
19	10	PH	.8	
20	10	PH	.8	
21	10	PH	.8	
22	10	PH	.8	
23	9	PH	.8	
24	9	PH	.7	
25	9	PH	.7	
26	9	PH	.7	
27	9	PH	.7	
28	9	PH	.7	
29				
30				
31				

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?  
notified by end of next business day.

hours - If &gt; 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 .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 ☒ 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: Date: **11/30/2025**

Title: Manager

Phone #: (541) 822-3596

Operator Certification #:

OR

Small Groundwater System ☒