

# Monthly Disinfection Report for Ground Water Systems

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

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?  
 notified by end of next business day.

hours - If > 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 ☒ 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: **1/1/2026**

Title: Manager

Phone #: (541) 822-3596

Operator Certification #:

OR

Small Groundwater System ☒