

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

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **11/2021** 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	.8	
2	9A	PH	.8	
3	10A	PH	.7	
4	10A	PH	.7	
5	11A	PH	.6	
6	10A	PH	.5	
7	9A	PH	.5	2c 2 gal
8	10A	PH	.5	
9	10A	PH	.5	
10	9A	PH	.5	
11	9A	PH	.5	
12	10A	PH	.5	
13	11A	PH	.5	
14	11A	PH	.5	
15	10A	PH	.5	
16	10A	PH	.5	2 1/2 3 gal
17	11A	PH	.5	
18	9A	PH	.5	
19	10A	PH	.5	
20	10A	PH	.7	
21	10A	PH	.7	
22	10A	PH	.6	
23	10A	PH	.6	
24	10A	PH	.6	2c 2 gal
25	10A	PH	.9	
26	10A	PH	.9	
27	10A	PH	.8	
28	10A	PH	.8	
29	10A	PH	.7	
30	10A	PH	.7	
31	10A	PH	.6	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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 \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: **Izzy Shumate** Title: **Manager**  
 Signature: *[Signature]* Phone #: **(541) 822-3596**  
 Date: **1/31/2021**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

Gmail - Daily Deposits

p: 541-822-3596



To: 1971 673-0694

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

From: 1541 822-3596

Patio RV  
55636 MCKENZIE RIVER DRIVE  
Blue River, OR. 97413

Manager:

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