

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# 41 00127

Month/Year **Jan / 23** 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	.6	
4	9A	PH	.6	<b>RECEIVED</b>
5	9A	PH	.6	
6	10A	PH	4.9	<b>FEB 01 2023</b>
7	10A	PH	.5	<b>Certification</b>
8	10A	PH	.5	<b>Drinking Water Services</b>
9	9A	PH	.5	
10	9A	PH	.5	
11	9A	PH	.5	
12	9A	PH	.5	
13	9A	PH	.5	
14	9A	PH	.5	
15	9A	PH	.7	
16	9A	PH	.7	
17	9A	PH	.6	
18	9A	PH	.9	
19	9A	PH	.5	
20	9A	PH	.6	
21	9A	PH	.6	
22	9A	PH	.6	
23	9A	PH	.6	
24	9A	PH	.5	
25	9A	PH	.5	
26	9A	PH	.5	
27	9A	PH	.5	
28	9A	PH	.7	
29	9A	PH	.4	
30	9A	PH	.5	
31	9A	PH	.5	<b>Power off</b>

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.  
*n/a*

**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.  
*n/a*

Printed Name: **Isarian Shumate** Title: **Manager**  
 Signature: *[Signature]* Phone #: **(541) 822-3596**  
 Date: **2/1/2023**

Operator Certification #:  
 OR  
 Small Groundwater System