

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park** PWS ID# **41 00127**
 Month/Year **02 2023** 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	.5	
2	9A	PH	.5	
3	9A	PH	.6	
4	9A	PH	.6	
5	9A	PH	.6	
6	9A	PH	.6	
7	9A	PH	.6	
8	9A	PH	.6	
9	9A	PH	.6	
10	9A	PH	.6	
11	9A	PH	.6	
12	9A	PH	.4	
13	9A	PH	.4	
14	9A	PH	.4	
15	9A	PH	.4	
16	9A	PH	.4	
17	9A	PH	.6	
18	9A	PH	.7	
19	9A	PH	.7	
20	9A	PH	.7	
21	9A	PH	.6	
22	9A	PH	.44	
23	9A	PH	.5	
24	9A	PH	.5	
25	9A	PH	.5	
26	9A	PH	.5	
27	9A	PH	.5	
28	9A	PH	.5	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of **0.3** mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? **0** hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to .3 mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>n/a</i></p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>n/a</i></p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: 1 1</p> <p>Date it was returned to service: 1 1</p>
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Printed Name: Izzy Shumate Title: Manager Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 822-3596 OR _____
 Date: 1 1 Small Groundwater System