

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **06 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	QA	PH	.6	
2	QA	PH	.6	
3	QA	PH	.6	
4	QA	PH	.5	
5	QA	PH	.5	
6	QA	PH	.4	
7	QA	PH	.8	
8	QA	PH	.74	
9	QA	PH	.7	
10	QA	PH	.3	
11	QA	PH	.5	
12	QA	PH	.5	
13	QA	PH	.5	
14	QA	PH	.6	
15	QA	PH	.6	
16	QA	PH	.6	
17	QA	PH	.6	
18	QA	PH	.6	
19	QA	PH	.6	
20	QA	PH	.6	
21	QA	PH	.6	
22	QA	PH	.6	
23	QA	PH	.6	
24	QA	PH	.6	
25	QA	PH	.6	
26	QA	PH	.6	
27	QA	PH	.6	
28	QA	PH	.6	
29	QA	PH	.6	
30				
31				

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.

Printed Name: _____ Title: **Manager**
 Signature: *[Signature]* Phone #: **(541) 822-3596**
 Date: **7/1/2023**

Operator Certification #: _____
 OR
 Small Groundwater System