

Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **4 1 00127**

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form. n/a</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 n/a</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: _____ Signature: <u>[Signature]</u> Date: 9/1/2023	Title: Manager Phone #: (541) 822-3596	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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