

### Monthly Disinfection Report for Ground Water Systems

System Name **Patio RV Park**

PWS ID# **41 00127**

Month/Year **Mar 2024** 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	5.5	
2	9A	PH	5.5	
3	9A	PH	5.5	
4	9A	PH	5.5	
5	9A	PH	5.5	
6	9A	PH	5.5	
7	9A	PH	5.5	
8	9A	PH	5.5	
9	9A	PH	5.5	
10	9A	PH	5.5	
11	9A	PH	5.5	
12	9A	PH	5.5	
13	9A	PH	5.5	
14	9A	PH	5.5	
15	9A	PH	5.5	
16	9A	PH	5.5	
17	9A	PH	5.5	
18	9A	PH	5.5	
19	9A	PH	5.5	
20	9A	PH	5.5	
21	9A	PH	5.5	
22	9A	PH	5.5	
23	9A	PH	5.5	
24	9A	PH	5.5	
25	9A	PH	5.5	
26	9A	PH	5.5	1 & 3
27	9A	PH	5.5	
28	9A	PH	5.5	
29	9A	PH	5.5	
30	9A	PH	5.5	
31	9A	PH	5.5	

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? **n/a** 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 **n/a**  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: **Dzzy Shumate**  
 Signature: *[Signature]*  
 Date: **1 1**

Title: **Manager**  
 Phone #: **(541) 822-3596**

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