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| System Name | Carmel Beach Water District | PWS ID# | 4 1 00565 |
| Month/Year | 3/2025 | Entry Point: | Sink | Required Minimum Residual  | 0.4 mg/L  |
|  |  |  |  |  |
| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
| 1 | 7:00 |       | 0.96 |       |
| 2 | 7:00 |       | 0.97 |       |
| 3 | 7:00 |       | 0.97 |       |
| 4 | 7:00 |       | 1.01 |       |
| 5 | 7:00 |       | 1.01 |       |
| 6 | 7:00 |       | 1.10 |       |
| 7 | 7:00 |       | 1.16 |       |
| 8 | 7:00 |       | 1.22 |       |
| 9 | 7:00 |       | 1.25 |       |
| 10 | 7:00 |       | 1.25 |       |
| 11 | 7:00 |       | 1.30 |       |
| 12 | 7:00 |       | 1.31 |       |
| 13 | 7:00 |       | 1.28 |       |
| 14 | 7:00 |       | 1.27 |       |
| 15 | 7:00 |       | 1.22 |       |
| 16 | 7:00 |       | 1.10 |       |
| 17 | 7:00 |       | 1.32 |       |
| 18 | 7:00 |       | 1.10 |       |
| 19 | 7:00 |       | 1.23 |       |
| 20 | 7:00 |       | 1.24 |       |
| 21 | 7:00 |       | 1.26 |       |
| 22 | 7:00 |       | 1.21 |       |
| 23 | 7:00 |       | 1.16 |       |
| 24 | 7:00 |       | 1.17 |       |
| 25 | 7:00 |       | 1.15 |       |
| 26 | 7:00 |       | 1.07 |       |
| 27 | 7:00 |       | 1.10 |       |
| 28 | 7:00 |       | 1.17 |       |
| 29 | 7:00 |  | 1.10 |       |
| 30 | 7:00 |  | 1.18 |       |
| 31 | 7:00 |  | 1.19 |       |



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| Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes **No**If yes, what was the longest time period until the required level was restored?       hours |
| **GWS Serving 3,300 or Fewer** | **GWS Serving More Than 3,300** |
| If yes, did you monitor every four hours until the residual returned to       mg/L? □Yes □ No *Attach those results and submit them with this form.* | Did continuous monitoring equipment fail at any time this reporting month? Yes NoIf yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No *Attach grab sample results and submit them with this form.* | Date continuous monitoring equipment failed:      /       /      Date it was returned to service:       /       /       |
| Printed Name: Kim Vertner | Title: President | Operator Certification #: 33-061-0228 |
| Signature:  | Phone #: 971.716.5372 | OR |
| Date: 4/1/2025 |  | Small Groundwater System  |