System Name __PIONEER PARK COOP__ PWS ID# 41 __00784__

Month/Year __4/2022__ Entry Point: _____ Required Minimum Residual __.20__ mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			.30	
2			.30	
3			.30	
4			.30	
5			.30	
6			.20	
7			.30	
8			.30	
9			.30	
10			.30	
11			.20	
12			.20	
13			.20	
14			.20	
15			.30	
16			.30	
17			.30	
18			.30	
19			.30	
20			.30	
21			.30	
22			.25	
23			.25	
24			.25	
25			.25	
26			.25	
27			.20	
28			.20	
29			.20	
30			.20	
31			X	

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 re___ ~d 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	**GWS Serving More Than 3,300**	
If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No	Did continuous m___ving equipment fail at any time this reporting month? ☐Yes ☐ No	Date continuous monitoring equipment failed: ___/___/___
Attach those results and submit them with this form.	If yes, were grab samples ___cted every four hours until the continuous monitoring equip___ was returned to service as required? ☐ Yes ☐ N___ Attach grab sample results and submit them with this form.	Date it was returned to service: ___/___/___

Printed Name: __MIKE BEYER__ Title: _____ Operator Certification #: _____

Signature: _____ Phone #: (___) _____

Date: __5/7/22__ OR

Small Groundwater System ☐