State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

| Month/Year | System Name Beaver Creek RV Resort PWS ID# 4 1 01333 | | | | | | | |
|---|--|------------|------------------|--|--|----------------------------------|-------|--|
| Date Time Source(s) in use Lowest free chlorine residual at entry point to distribution system (mg/L) | | | | | | | | |
| Date Time Source(s) in use distribution system (mg/L) | Month/ | Year _04 | /2021 Entry Poir | nt: EP-B | Required Minimum Residual 1.2 mg/L | | | - |
| 2 | Date | Time | Source(s) in | use | residual at entry point to | | Notes | AND THE PROPERTY OF PERSONS IN THE PROPERTY OF |
| 1.5 | 1 | 0855 | | | 1.5 | | | |
| 3 0900 | 2 | 0900 | | | | | | - |
| 1.2 | 3 | 0900 | | | | | | - |
| 1.2 | 4 | 0900 | | | | | | - |
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| 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.5 1.5 1.3 1.5 1.3 1.5 1.3 1.5 1.3 1.5 1.5 1.3 1.5 1.5 1.3 1.5 1.5 1.3 1.5 | | | | | | | | 1 |
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| 1.5 | | | | | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | | | - |
| 1.3 | | | | | | | | 1 |
| 1.3 1.5 1.6 1.0850 1.2 1.6 1.6 1.8 1.9000 1.6 1.8 1.9 1.9 1.8 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 | | | | | | | | - |
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| 1.0 1.0 | | | | | | | | - |
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| 19 0830 | | - | | | | | | - |
| 20 0835 | | | | | | | | |
| 21 0840 | - | | | | | | | |
| 1.2 23 0850 24 0845 25 0930 1.5 26 0900 1.2 27 0850 28 0840 1.2 29 0845 30 1030 1.3 31 - Was the chlorine residual ever less than the required minimum residual of 1.2 mg/L? | | | | | 1.3 | | | - managed on |
| 23 0850 | | | | | 1.2 | | | - |
| 25 0930 | 23 | 0850 | | | 1.5 | | | 1 |
| 26 0900 | 24 | 0845 | | | | | | - |
| 27 0850 | 25 | 0930 | | | | | | - |
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| 29 0845 | - | | | | | | | - |
| 30 1030 1.3 31 - | | | | | | | | - |
| Was the chlorine residual ever less than the required minimum residual of 1.2 mg/L? | - | | | | | | | - |
| Was the chlorine residual ever less than the required minimum residual of 1.2 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 If yes, did you monitor every four hours until the residual returned to mg/L? Attach those results and submit them with this form. Date continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No Attach 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. Printed Name: Paul Cuffney Signature: ☐ Operator Certification #: OR | - | 1030 | | | 1.3 | | | - |
| If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L? Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If 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. Printed Name: Paul Cuffney Signature: ☐ Operator Certification #: OR Creat Constitutions monitoring Phone #: (541) 479-7445 OR | | | | | | | | |
| GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L? Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If 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. Printed Name: Paul Cuffney Signature: Title: Manager Phone #: (541) 479-7445 OR Creat Conventuous System More Than 3,300 Date continuous monitoring equipment fail at any time this reporting month? I yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment failed: | Was the chlorine residual ever less than the required minimum residual of 1.2 mg/L? Yes No | | | | | | | |
| If yes, did you monitor every four hours until the residual returned to mg/L? Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Attach grab sample results and submit them with this form. Printed Name: Paul Cuffney Signature: Phone #: (541) 479-7445 Date continuous monitoring equipment fail at any time this reporting month? Yes No | | | | | | | | |
| until the residual returned to mg/L? Attach those results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No No Attach grab sample results and submit them with this form. Printed Name: Paul Cuffney Title: Manager Operator Certification #: Signature: CAM Call Arg-7445 OR | | | | | | | | |
| this form. continuous monitoring equipment was returned to service? Yes No Attach grab sample results and submit them with this form. Printed Name: Paul Cuffney Signature: Phone #: (541) 479-7445 OR Craft Count durates System Manager | | | | reporting month? Yes No | | ny ume uns | | PROPERTY OF ENGINEER |
| Printed Name: Paul Cuffney Signature: Attach grab sample results and submit them with this form. Departure: Operator Certification #: OR OR OR OR OR | | | | continuous monitoring equipment was returned to | | r hours until the ed to service? | | Contract of the same and the sa |
| Signature: Phone #: (541) 479-7445 OR Small Country durater System M | | | | Attach grab sample results and submit them with this | | with this form. | 1 1 | |
| Signature: Constitution Custom M | Printed | Name: Paul | Cuffney | 1 1 | tle: Manager | Operator Certification #: | | Compagnament of C |
| Corall Coran divistor System M | Signatu | ire: | m Call | 1/ Pt | none #: (541) 479-7445 | OR | | non appearable. |
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