

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

System Name **Beaver Creek RV Resort**

PWS ID# **41 01333**

Month/Year **_04/2021**

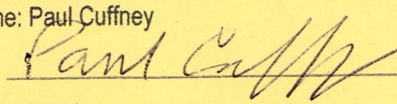
Entry Point: **EP-B**

Required Minimum Residual **1.2 mg/L**

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|-------|
| 1 | 0855 | | 1.5 | |
| 2 | 0900 | | 1.5 | |
| 3 | 0900 | | 1.5 | |
| 4 | 0900 | | 1.4 | |
| 5 | 1000 | | 1.2 | |
| 6 | 0850 | | 1.2 | |
| 7 | 0900 | | 1.2 | |
| 8 | 0840 | | 1.2 | |
| 9 | 0935 | | 1.3 | |
| 10 | 0900 | | 1.7 | |
| 11 | 0930 | | 1.7 | |
| 12 | 0900 | | 1.5 | |
| 13 | 0850 | | 1.3 | |
| 14 | 0855 | | 1.3 | |
| 15 | 0850 | | 1.2 | |
| 16 | 0850 | | 1.3 | |
| 17 | 0900 | | 1.6 | |
| 18 | 0900 | | 1.4 | |
| 19 | 0830 | | 1.4 | |
| 20 | 0835 | | 1.4 | |
| 21 | 0840 | | 1.3 | |
| 22 | 0915 | | 1.2 | |
| 23 | 0850 | | 1.5 | |
| 24 | 0845 | | 1.8 | |
| 25 | 0930 | | 1.5 | |
| 26 | 0900 | | 1.2 | |
| 27 | 0850 | | 1.2 | |
| 28 | 0840 | | 1.2 | |
| 29 | 0845 | | 1.3 | |
| 30 | 1030 | | 1.3 | |
| 31 | - | | - | |

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

| | | |
|--|---|---|
| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p><i>Attach those results and submit them with this form.</i></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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> | <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> |
|--|---|---|

Printed Name: **Paul Cuffney** Title: **Manager**
 Signature:  Phone #: **(541) 479-7445**
 Date: **05 / 04 / 2021**

Operator Certification #:
 OR
 Small Groundwater System