

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 **\_05/2021**

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    | 0900 |                  | 1.5  |       |
| 2    | 0900 |                  | 1.4  |       |
| 3    | 0910 |                  | 1.4  |       |
| 4    | 0850 |                  | 1.3  |       |
| 5    | 0845 |                  | 1.3  |       |
| 6    | 1000 |                  | 1.6  |       |
| 7    | 0900 |                  | 1.3  |       |
| 8    | 0900 |                  | 1.5  |       |
| 9    | 0900 |                  | 1.5  |       |
| 10   | 0840 |                  | 1.5  |       |
| 11   | 0845 |                  | 1.5  |       |
| 12   | 0910 |                  | 1.5  |       |
| 13   | 0845 |                  | 1.3  |       |
| 14   | 0850 |                  | 1.2  |       |
| 15   | 0900 |                  | 1.7  |       |
| 16   | 0900 |                  | 1.5  |       |
| 17   | 1400 |                  | 1.4  |       |
| 18   | 0900 |                  | 1.5  |       |
| 19   | 0855 |                  | 1.5  |       |
| 20   | 0910 |                  | 1.5  |       |
| 21   | 0900 |                  | 1.4  |       |
| 22   | 0900 |                  | 1.7  |       |
| 23   | 0900 |                  | 1.5  |       |
| 24   | 0930 |                  | 1.2  |       |
| 25   | 0940 |                  | 1.2  |       |
| 26   | 0855 |                  | 1.2  |       |
| 27   | 0840 |                  | 1.2  |       |
| 28   | 0910 |                  | 1.2  |       |
| 29   | 0900 |                  | 1.2  |       |
| 30   | 0900 |                  | 1.5  |       |
| 31   | 0930 |                  | 1.4  |       |

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.*

**GWS Serving More Than 3,300**

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.*

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: **Paul Cuffney**

Title: **Manager**

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: **(541) 479-7445**

OR

Date: **06 / 01 / 2021**

Small Groundwater System