

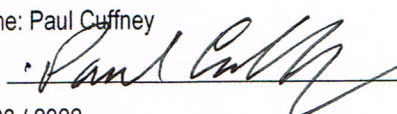
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Beaver Creek RV Resort PWS ID# 4 1 01333
 Month/Year _03/2022 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 | 0930 | | 1.6 | |
| 2 | 0905 | | 1.6 | |
| 3 | 0940 | | 1.4 | |
| 4 | 0900 | | 1.4 | |
| 5 | 0930 | | 1.4 | |
| 6 | 0915 | | 1.4 | |
| 7 | 0910 | | 1.3 | |
| 8 | 0855 | | 1.3 | |
| 9 | 0850 | | 1.3 | |
| 10 | 0900 | | 1.2 | |
| 11 | 0910 | | 1.2 | |
| 12 | 0900 | | 1.2 | |
| 13 | 0930 | | 1.5 | |
| 14 | 0900 | | 1.5 | |
| 15 | 0900 | | 1.4 | |
| 16 | 1000 | | 1.3 | |
| 17 | 0930 | | 1.2 | |
| 18 | 0930 | | 1.3 | |
| 19 | 0900 | | 1.3 | |
| 20 | 0915 | | 1.3 | |
| 21 | 1100 | | 1.4 | |
| 22 | 0900 | | 1.4 | |
| 23 | 0915 | | 1.4 | |
| 24 | 0900 | | 1.4 | |
| 25 | 0845 | | 1.2 | |
| 26 | 0900 | | 1.2 | |
| 27 | 0900 | | 1.3 | |
| 28 | 0900 | | 1.3 | |
| 29 | 0910 | | 1.2 | |
| 30 | 0855 | | 1.2 | |
| 31 | 1015 | | 1.2 | |

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? <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 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 <i>Attach grab sample results and submit them with this form.</i></p> | <p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p> |
|--|---|---|

| | | |
|--|---|---|
| Printed Name: <u>Paul Cuffney</u> Signature:  Date: <u>04 / 06 / 2022</u> | Title: <u>Manager</u> Phone #: <u>(541) 479-7445</u> | Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/> |
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