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

System	n Name	Beaver Creek RV Res	ort	PWS ID# 4 1 01333		
Month/	Year _04	/2022 Entry Poi	nt: 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			1.3		
2	0915			1.3		
3	0900			1.3		
4	0910			1.2		
5	0855			1.2		
6	0900			1.2		
7	0940			1.3		
8	0915			1.3		
9	0900			1.5		
10	0900			1.5		
11	0900			1.4		
12	0920			1.4		
13	0850	- E	-	1.3		
14	0910			1.2		
15	0900			1.2		
16	0900			1.2		
17	0915			1.5		
18	0855			1.5		
19	0945	50		1.4		
20	0855			1.3		
21	0925			1.3		
-22	0900			1.3		
23	0905			1.3		
24	0915			1.2		
25	0850			1.2		
26	0940			1.3		
27	0900			1.3		
28	0950			1.4		
29	0830			1.5		<u> </u>
30	0900			1.5		
31						
		esidual ever less than the elongest time period unti		num residual of 1.2 mg/L? \(\begin{aligned} \text{I \text{Normal}} \text{Yel was restored?} \end{aligned}	′es ⊠ No	
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?			Did continuous monitoring 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 collected every four hours until the continuous monitoring equipment was returned to service? Yes No		Date it was returned to service:	
			Attach grab sample results and submit them with this for		with this form.	1 1
Printed Name: Paul Cuffney Title: Manager					Operator Certification #:	
Signature: Phone #: (541) 479-7445					OR	
					Small Groundwater System ⊠	
Date: 05 / 09 / 2022 Small Groundwater System D						oundrator Ojotom 🖂