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

Month/Year _09/2022 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) 1 1030 1.5 2 0900 1.3 3 0900 1.3 4 0900 1.3 5 0915 1.3 6 1030 1.2 7 0900 1.2 8 0930 1.2 9 0900 1.5 10 0930 1.5 11 0915 1.5 12 1110 1.4 13 1015 1.2 14 1210 1.2 15 0900 1.2 16 0915 1.5 17 0920 1.5 18 0930 1.4 19 0930 1.4 20 0900 1.4 20 0855<	System	Name	Beaver Creek RV Res	ort	PW	PWS ID# 4 1 01333		
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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 GWS Serving More Than 3,300								
If yes, did you monitor every four hours Did continuous monitoring equipment fail at any time this Date continuous monitoring						1		
until the residual returned to mg/L? reporting month? \(\sum \) Yes \(\sum \) No 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? Date it was returned to service:	1			continuous monitoring equipment was returned to service?				
Attach grab sample results and submit them with this form.				Attach grab sample results and submit them with this form.			1 1	
Printed Name: Paul Quffney Title: Manager Operator Certification #:	Printed Name: Paul Juffney O				e: Manager	Operator Certification #:		
Signature: * Sam (m/) Phone #: (541) 479-7445 OR	Signatur	re: <u>* 8 0</u>	m (in)	// Pho	one #: (541) 479-7445		OR	
Date: 10 / 10 / 2022 Small Groundwater System ⊠	Date: 1	0 / 10 / 2022	7			Small Gr	oundwater System 🖂	