

**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 _09/2023

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		1.8	
2	0900		1.8	
3	1025		1.8	
4	1400		1.5	
5	0915		1.5	
6	0915		1.5	
7	0900		1.7	
8	0900		1.5	
9	1050		1.3	
10	0930		1.3	
11	0900		1.3	
12	0955		1.5	
13	1040		1.5	
14	0900		1.5	
15	0915		1.5	
16	0940		1.8	
17	0945		1.8	
18	1025		1.5	
19	0855		1.8	
20	0900		1.8	
21	0900		1.5	
22	1600		1.8	
23	0942		1.8	
24	0950		1.8	
25	0930		1.8	
26	0930		1.5	
27	1000		1.8	
28	0935		1.8	
29	0940		1.8	
30	1020		1.8	
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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 until the residual returned to _____ mg/L? Attach those results and submit them with this form.	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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Sandy Hanson Signature:  Date: 09 / 05 / 2023	Title: Manager Phone #: (541) 479-7445	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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