

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 _02/2025

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 | | 1.3 | |
| 2 | 1050 | | 1.3 | |
| 3 | 0945 | | 1.3 | |
| 4 | 1300 | | 1.6 | |
| 5 | 0930 | | 1.6 | |
| 6 | 1700 | | 1.5 | |
| 7 | 0915 | | 1.5 | |
| 8 | 1040 | | 1.3 | |
| 9 | 1020 | | 1.3 | |
| 10 | 0945 | | 1.6 | |
| 11 | 1630 | | 1.5 | |
| 12 | 1030 | | 1.5 | |
| 13 | 0930 | | 1.7 | |
| 14 | 1500 | | 1.7 | |
| 15 | 1050 | | 1.7 | |
| 16 | 0947 | | 1.7 | |
| 17 | 1424 | | 1.7 | |
| 18 | 1043 | | 1.6 | |
| 19 | 0930 | | 1.5 | |
| 20 | 1415 | | 1.5 | |
| 21 | 1145 | | 1.5 | |
| 22 | 1040 | | 1.5 | |
| 23 | 1240 | | 1.5 | |
| 24 | 1000 | | 1.5 | |
| 25 | 0930 | | 1.5 | |
| 26 | 1330 | | 1.5 | |
| 27 | 1315 | | 1.5 | |
| 28 | 0900 | | 1.5 | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |

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.

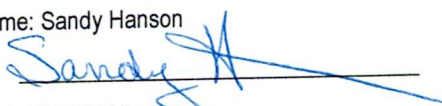
Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Sandy Hanson

Signature: 

Date: March / 03 / 2025

Title: Manager

Phone #: (541) 479-7445

Operator Certification #:

OR

Small Groundwater System ☒