

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 _04/2025		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	1035		1.4	
2	0930		1.4	
3	1115		1.4	
4	1315		1.8	
5	0950		1.8	
6	1040		1.8	
7	0950		1.8	
8	1220		1.8	
9	1530		1.8	
10	0930		1.8	
11	0945		1.8	
12	1145		1.8	
13	0945		1.7	
14	1130		1.7	
15	0945		1.7	
16	1030		1.7	
17	1215		1.7	
18	1045		1.7	
19	1345		1.7	
20	0945		1.7	
21	1030		1.7	
22	1100		1.7	
23	0930		1.6	
24	1145		1.5	
25	1440		1.5	
26	1125		1.3	
27	1000		1.3	
28	1345		1.6	
29	0930		1.6	
30	1030		1.6	
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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to mg/L?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </div> <div style="width: 30%;"> <p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p> </div> </div>
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