

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    \_05/2025

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	1045		1.5	
2	1510		1.8	
3	0940		1.8	
4	1045		1.8	
5	0930		1.8	
6	0945		1.8	
7	1345		1.7	
8	0930		1.7	
9	1145		1.7	
10	1030		1.6	
11	0955		1.5	
12	1605		1.4	
13	1414		1.5	
14	1600		1.5	
15	1025		1.5	
16	1310		1.5	
17	1245		1.5	
18	1155		1.3	
19	1245		1.3	
20	1030		1.8	
21	0930		1.8	
22	1100		1.8	
23	1055		1.5	
24	1115		1.3	
25	1250		1.8	
26	1030		1.8	
27	1230		1.8	
28	1430		1.8	
29	1045		1.8	
30	1130		1.7	
31	1130		1.5	

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

Title: Manager

Operator Certification #:

Signature: 

Phone #: (541) 479-7445

OR

Date: June / 03 / 2025

Small Groundwater System ☒