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 _09/2025 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	1005		1.8	
2	1015		1.6	
3	1330		1.4	
4	0945		1.8	
5	1030		1.7	
6	1140		1.5	
7	1030		1.3	
8	1330		1.8	
9	0940		1.8	
10	0845		1.7	
11	0915		1.5	
12	1530		1.4	
13	1310		1.8	
14	1115		1.6	
15	1635		1.6	
16	0915		1.5	
17	1035		1.4	
18	0945		1.8	
19	1240		1.8	
20	1035		1.7	
21	0910		1.5	
22	1005		1.5	
23	1010		1.3	
24	1515		1.8	
25	1120		1.8	
26	0930		1.8	
27	1215		1.8	
28	1240		1.8	
29	1415		1.8	
30	1038		1.6	
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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

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

Signature: Sandy Hanson Phone #: (541) 479-7445

Date: October / 06 / 2025

Operator Certification #:

OR

Small Groundwater System ☒