

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name Beaver Creek RV Resort

PWS ID# 41 01333

Month/Year 11/2025

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    | 1140 |                  | 1.7  |       |
| 2    | 1230 |                  | 1.7  |       |
| 3    | 0935 |                  | 1.7  |       |
| 4    | 1015 |                  | 1.7  |       |
| 5    | 0919 |                  | 1.7  |       |
| 6    | 1025 |                  | 1.6  |       |
| 7    | 1045 |                  | 1.6  |       |
| 8    | 1445 |                  | 1.5  |       |
| 9    | 1130 |                  | 1.5  |       |
| 10   | 1320 |                  | 1.5  |       |
| 11   | 1040 |                  | 1.5  |       |
| 12   | 1120 |                  | 1.4  |       |
| 13   | 1415 |                  | 1.3  |       |
| 14   | 1040 |                  | 1.8  |       |
| 15   | 0930 |                  | 1.8  |       |
| 16   | 1040 |                  | 1.8  |       |
| 17   | 1400 |                  | 1.8  |       |
| 18   | 1038 |                  | 1.7  |       |
| 19   | 1225 |                  | 1.6  |       |
| 20   | 1045 |                  | 1.6  |       |
| 21   | 1328 |                  | 1.5  |       |
| 22   | 1425 |                  | 1.4  |       |
| 23   | 1335 |                  | 1.4  |       |
| 24   | 1725 |                  | 1.3  |       |
| 25   | 1605 |                  | 1.3  |       |
| 26   | 1020 |                  | 1.5  |       |
| 27   | 1330 |                  | 1.5  |       |
| 28   | 0947 |                  | 1.5  |       |
| 29   | 1425 |                  | 1.4  |       |
| 30   | 1340 |                  | 1.3  |       |
| 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

Title: Manager

Signature: 

Phone #: (541) 479-7445

Operator Certification #:

OR

Small Groundwater System ☒

Date: 12/01/2025