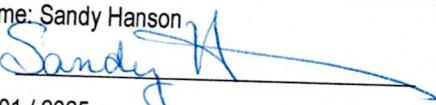


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? _____ hours				
GWS Serving 3,300 or Fewer		GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to _____ mg/L? Attach those results and submit them with this form.		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/01/2025		Title: Manager Phone #: (541) 479-7445	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>	