|  |  |  |  |
| --- | --- | --- | --- |
| System Name | Laughing Alpaca RV Park | PWS ID# | 4 1 94512 |
| Month/Year |  02/2025  | Entry Point: | PUmp house EP-B | Required Minimum Residual  | 1.0 mg/L  |
|  |  |  |  |  |
| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
| 1 | 9:00 |  | 1.2 |       |
| 2 | 9:00 |  | 1.2 |       |
| 3 | 11:00 |       | 1.2 | Added 80 oz CL 40 gal H2O    |
| 4 | 9:00 |       | 1.3 |    |
| 5 | 9:00 |       | 1.4 |       |
| 6 | 9:00 |       | 1.5 |       |
| 7 | 9:00 |       | 1.5 |       |
| 8 | 9:00 |       | 1.6 |       |
| 9 | 9:30 |       | 1.7 |       |
| 10 | 9:30 |       | 1.7 |       |
| 11 | 9:30 |       | 1.7 |       |
| 12 | 9:30 |       | 1.6 |       |
| 13 | 10:00 |       | 1.6 |       |
| 14 | 10:00 |       | 1.5 |       |
| 15 | 9:30 |  | 1.5 |       |
| 16 | 9:30 |       | 1.5 |       |
| 17 | 11:30 |       | 1.4 | Added 80 oz CL 40 gal H2O |
| 18 | 10:00 |       | 1.5 |       |
| 19 | 9:00 |       | 1.6 |       |
| 20 | 10:00 |       | 1.7 |       |
| 21 | 9:00 |       | 1.7 |       |
| 22 | 9:30 |       | 1.8 |       |
| 23 | 9:00 |       | 1.8 |       |
| 24 | 9:30 |       | 1.7 |       |
| 25 | 9:00 |       | 1.7 |       |
| 26 | 9:30 |  | 1.6 |   |
| 27 | 11:00 |       | 1.6 |       |
| 28 | 10:00 |       | 1.5 |       |
| 29 |       |       |       |       |
| 30 |       |  |       |  |
| 31 |       |  |       |       |
| Was the chlorine residual ever less than the required minimum residual of  mg/L? [ ]  Yes [x]  NoIf 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? 🞏Yes 🞏 No *Attach those results and submit them with this form.* | Did continuous monitoring equipment fail at any time this reporting month? [ ]  Yes [x]  NoIf 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: Jeffrey Hintz | Title: owner  | Operator Certification #: oesac #1820 |
| Signature:  | Phone #: ( 541) 592-2656 | OR |
| Date: 03 / 07 / 2025 |  | Small Groundwater System [ ]  |