|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System Name | | | Laughing Alpaca RV Park | | | | | | | | | PWS ID# | | | 4 1 94512 | | |
| Month/Year | | 03/2025 | | | 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 | | |  | | | | | | 1.4 | | | |  | | | |
| 2 | 11:00 | | |  | | | | | | 1.3 | | | | Added 80 oz CL 40 gal H2O | | | |
| 3 | 9:00 | | |  | | | | | | 1.4 | | | |  | | | |
| 4 | 9:00 | | |  | | | | | | 1.5 | | | |  | | | |
| 5 | 8:30 | | |  | | | | | | 1.5 | | | |  | | | |
| 6 | 8:30 | | |  | | | | | | 1.6 | | | |  | | | |
| 7 | 8:30 | | |  | | | | | | 1.6 | | | |  | | | |
| 8 | 9:00 | | |  | | | | | | 1.7 | | | |  | | | |
| 9 | 8:30 | | |  | | | | | | 1.8 | | | |  | | | |
| 10 | 8:30 | | |  | | | | | | 1.7 | | | |  | | | |
| 11 | 9:30 | | |  | | | | | | 1.7 | | | |  | | | |
| 12 | 9:30 | | |  | | | | | | 1.6 | | | |  | | | |
| 13 | 9:00 | | |  | | | | | | 1.5 | | | |  | | | |
| 14 | 9:00 | | |  | | | | | | 1.4 | | | |  | | | |
| 15 | 10:30 | | |  | | | | | | 1.3 | | | | Added 80 oz CL 40 gal H2O | | | |
| 16 | 9:00 | | |  | | | | | | 1.4 | | | |  | | | |
| 17 | 8:30 | | |  | | | | | | 1.5 | | | |  | | | |
| 18 | 8:00 | | |  | | | | | | 1.6 | | | |  | | | |
| 19 | 9:00 | | |  | | | | | | 1.7 | | | |  | | | |
| 20 | 8:00 | | |  | | | | | | 1.7 | | | |  | | | |
| 21 | 9:00 | | |  | | | | | | 1.7 | | | |  | | | |
| 22 | 9:30 | | |  | | | | | | 1.6 | | | |  | | | |
| 23 | 8:00 | | |  | | | | | | 1.6 | | | |  | | | |
| 24 | 8:00 | | |  | | | | | | 1.5 | | | |  | | | |
| 25 | 9:00 | | |  | | | | | | 1.4 | | | |  | | | |
| 26 | 9:00 | | |  | | | | | | 1.4 | | | |  | | | |
| 27 | 8:00 | | |  | | | | | | 1.3 | | | |  | | | |
| 28 | 8:00 | | |  | | | | | | 1.3 | | | |  | | | |
| 29 | 10:00 | | |  | | | | | | 1.3 | | | | Added 80 oz CL 40 gal H2O | | | |
| 30 | 8:30 | | |  | | | | | | 1.4 | | | |  | | | |
| 31 | 9:00 | | |  | | | | | | 1.5 | | | |  | | | |
| Was the chlorine residual ever less than the required minimum residual of  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** | | | | | | **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  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: Jeffrey Hintz | | | | | | | | | Title: owner | | | | Operator Certification #: oesac #1820 | | | | | |
| Signature: | | | | | | | | | Phone #: ( 541) 592-2656 | | | | OR | | | | | |
| Date: 04 / 09 / 2025 | | | | | | | | |  | | | | Small Groundwater System | | | | | |