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

Г

System		Sweetbrier Train & RV Park		PWS	ID# 4 1 94988			
Month/	Maro Year 202		wpt-c cabin	Requir	red Minimum Residual .5 mg/L			
Date	Time	Source(s) in use	residual at e	ee chlorine entry point to ystem (mg/L)	Notes			
1	6:00pm	.9						
2	6:00pm	.8						
3	6:00pm	.8						
4	6:00pm	.8						
5	6:00pm	.8						
6	6:00pm	.8						
7	6:00pm	.8						
8	6:00pm	.8						
9	6:00pm	.7						
10	6:00pm	.7						
11	6:00pm	.7						
12	6:00pm	.7						
13	6:00pm	.7						
14	6:00pm	.7						
15	6:00pm	.7						
16	6:00pm	.7						
17	6:00pm	.9			Added water and chlorine			
18	6:00pm	.9						
19	6:00pm	.9						
20	6:00pm	.9						
21	6:00pm	.9						
22	6:00pm	.9						
23	6:00pm	.8						
24	6:00pm	.8						
25	6:00pm	.8						
26	6:00pm	.8						
27	6:00pm	.7						
28	6:00pm	.7						
29	6:00pm	7						
30	6:00pm	7						
31	6:00pm	7						
Was the chlorine residual ever less than the required minimum residual of. 0.5 mg/L?								
If yes,	what was	the longest time period unti	il the required level v	vas restored?	hours – If > 4 hours, Drinking Water			
Program to be notified by end of next business day.								

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 as required?□Yes	Did continuous monitoring equipment time this reporting month?	· · · · ,	e continuous itoring equipment d:		
Attach those results and submit them with this form.	If yes, were grab samples collected endours until the continuous monitoring was returned to service as required?	equipment Date	/ / e it was returned to rice: / /		
Printed Name: Dustin Anderson	Title: Owner	Operator Certification #:			
Signature:	Phone #: (503) 859- 2774	OR			
Date:		Small Groundwater System \Box			