

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

System Name **Casey's Riverside RV Park** PWS ID# **41 01007**
 Month/Year **MAR/2021** Entry Point: **SRC-AC** Required Minimum Residual **.72 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:55	Pavilion	1.5	
2	11:40	Pool	1.5	
3	7:10	House	1.6	
4	12:45	#56	1.6	
5	2:11	Clubhouse	1.6	
6	10:41	Pavilion	1.5	
7	12:60	Pool	1.5	
8	7:00	House	1.6	
9	3:14	#56	1.6	
10	9:18	Clubhouse	1.6	
11	1:40	Pavilion	1.6	
12	11:38	Pool	1.6	
13	7:20	House	1.6	
14	11:50	#56	1.6	
15	3:55	Clubhouse	1.5	
16	12:20	Pavilion	1.5	
17	10:40	Pool	1.5	
18	7:05	House	1.5	
19	10:25	#56	1.6	
20	12:30	Clubhouse	1.5	
21	11:00	Pavilion	1.5	
22	1:13	Pool	1.4	
23	7:05	House	1.4	
24	10:41	#56	1.4	
25	2:19	Clubhouse	1.4	
26	11:30	Pavilion	1.3	
27	9:40	Pool	1.3	
28	7:10	House	1.4	
29	1:29	#56	1.4	
30	10:50	Clubhouse	1.4	
31	9:45	Pavilion	1.4	

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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: **Andre Yazdi** Title: **Owner/Operator** Operator Certification #: _____
 Signature: Phone #: **(541) 782-1906** OR
 Date: **04/01/2021** Small Groundwater System