

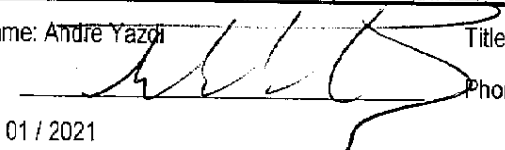
State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name **Casey's Riverside RV Park** PWS ID# **41 01007**
 Month/Year **APR/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	12:35	Pavilion	1.4	
2	2:40	Pool	1.4	
3	6:50	House	1.4	
4	10:00	#56	1.3	
5	2:14	Clubhouse	1.3	
6	12:30	Pavilion	1.4	
7	10:00	Pool	1.5	
8	7:10	House	1.6	
9	12:21	#56	1.7	
10	11:55	Clubhouse	1.7	
11	9:15	Pavilion	1.7	
12	9:23	Pool	1.7	
13	7:12	House	1.7	
14	9:55	#56	1.6	
15	11:30	Clubhouse	1.6	
16	10:50	Pavilion	1.4	
17	9:05	Pool	1.4	
18	6:45	House	1.5	
19	12:46	#56	1.5	
20	11:30	Clubhouse	1.6	
21	1:50	Pavilion	1.6	
22	3:02	Pool	1.6	
23	6:30	House	1.5	
24	11:20	#56	1.5	
25	12:11	Clubhouse	1.5	
26	2:50	Pavilion	1.4	
27	10:20	Pool	1.4	
28	6:35	House	1.4	
29	12:32	#56	1.5	
30	11:45	Clubhouse	1.5	
31		Pavilion		

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>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 Yazou** Title: **Owner/Operator** Operator Certification #: _____
 Signature:  Phone #: **(541) 782-1906**
 Date: **05 / 01 / 2021** OR
 Small Groundwater System