

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

System Name Casey's Riverside RV Park	PWS ID# 4 1 01007
Month/Year MAY/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	11:00	Pavilion	1.5	
2	12:10	Pool	1.5	
3	12:30	House	1.5	
4	4:12	#56	1.5	
5	9:35	Clubhouse	1.4	
6	11:50	Pavilion	1.4	
7	2:21	Pool	1.4	
8	6:20	House	1.4	
9	12:40	#56	1.4	
10	1:00	Clubhouse	1.5	
11	11:52	Pavilion	1.5	
12	10:38	Pool	1.5	
13	6:20	House	1.5	
14	12:14	#56	1.6	
15	10:55	Clubhouse	1.6	
16	4:35	Pavilion	1.7	
17	2:20	Pool	1.6	
18	6:10	House	1.6	
19	11:00	#56	1.6	
20	1:22	Clubhouse	1.6	
21	9:52	Pavilion	1.5	
22	10:48	Pool	1.5	
23	7:00	House	1.5	
24	10:10	#56	1.5	
25	11:55	Clubhouse	1.6	
26	1:05	Pavilion	1.6	
27	9:15	Pool	1.6	
28	6:20	House	1.7	
29	12:22	#56	1.7	
30	1:41	Clubhouse	1.7	
31	12:30	Pavilion	1.7	

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 Yazdi	Title: Owner/Operator	Operator Certification #:
Signature:	Phone #: (541) 782-1906	OR
Date: 06 / 01 / 2021		Small Groundwater System <input checked="" type="checkbox"/>