

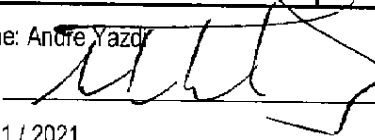
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Casey's Riverside RV Park** PWS ID# **41 01007**  
 Month/Year **JUN/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	11:40	Pavilion	1.7	
2	12:05	Pool	1.8	
3	6:10	House	1.8	
4	2:56	#56	1.8	
5	9:45	Clubhouse	1.8	
6	1:50	Pavilion	1.8	
7	12:05	Pool	1.8	
8	6:20	House	1.7	
9	9:17	#56	1.7	
10	1:53	Clubhouse	1.8	
11	12:10	Pavilion	1.8	
12	9:30	Pool	1.8	
13	6:05	House	1.8	
14	10:22	#56	1.7	
15	12:40	Clubhouse	1.7	
16	11:17	Pavilion	1.7	
17	9:35	Pool	1.6	
18	6:00	House	1.6	
19	9:17	#56	1.6	
20	11:55	Clubhouse	1.7	
21	12:00	Pavilion	1.7	
22	9:25	Pool	1.7	
23	6:15	House	1.8	
24	10:32	#56	1.8	
25	12:48	Clubhouse	1.7	
26	2:05	Pavilion	1.7	
27	11:00	Pool	1.8	
28	6:12	House	1.8	
29	12:12	#56	1.9	
30	10:51	Clubhouse	1.9	
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><b>GWS Serving 3,300 or Fewer</b></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>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: **Andre Yazdani** Title: **Owner/Operator** Operator Certification #: \_\_\_\_\_  
 Signature:  Phone #: **(541) 782-1906** OR  
 Date: **07/01/2021** Small Groundwater System