

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 JUL/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	2:50	Pavilion	1.9	
2	10:30	Pool	1.5	
3	6:15	House	1.7	
4	4:05	#56	1.65	
5	11:48	Clubhouse	1.6	
6	2:07	Pavilion	1.7	
7	9:41	Pool	1.7	
8	6:05	House	1.7	
9	10:11	#56	1.9	
10	12:37	Clubhouse	2.1	
11	1:15	Pavilion	2.5	
12	9:52	Pool	2.5	
13	6:30	House	2.4	
14	4:12	#56	2.4	
15	11:40	Clubhouse	2.3	
16	12:12	Pavilion	2.2	
17	1:36	Pool	2.1	
18	6:15	House	2.0	
19	10:00	#56	2.0	
20	12:18	Clubhouse	1.9	
21	11:22	Pavilion	1.8	
22	9:52	Pool	1.7	
23	6:45	House	1.7	
24	11:00	#56	1.7	
25	12:18	Clubhouse	1.7	
26	10:30	Pavilion	1.6	
27	12:42	Pool	1.6	
28	6:30	House	1.7	
29	11:22	#56	1.7	
30	11:50	Clubhouse	1.7	
31	12:57	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 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 Signature:  Date: 08/01/2021	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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