

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 SEP/2021

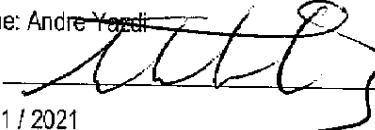
Entry Point: SRC-AC

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	10:27	Pavilion to	1.4	
2	9:15	Pool	1.4	
3	6:40	House	1.5	
4	12:11	#56	1.5	
5	10:44	Clubhouse	1.5	
6	11:02	Pavilion	1.5	
7	9:23	Pool	1.6	
8	6:38	House	1.5	
9	1:50	#56	1.5	
10	10:14	Clubhouse	1.4	
11	12:41	Pavilion	1.4	
12	9:16	Pool	1.4	
13	6:26	House	1.5	
14	2:10	#56	1.5	
15	10:29	Clubhouse	1.5	
16	12:05	Pavilion	1.5	
17	9:29	Pool	1.6	
18	6:14	House	1.6	
19	12:28	#56	1.6	
20	10:45	Clubhouse	1.5	
21	1:30	Pavilion	1.5	
22	9:22	Pool	1.5	
23	6:46	House	1.5	
24	3:00	#56	1.4	
25	10:13	Clubhouse	1.4	
26	9:17	Pavilion	1.5	
27	11:00	Pool	1.5	
28	6:33	House	1.5	
29	12:41	#56	1.4	
30	2:30	Clubhouse	1.4	
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>
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<p>Printed Name: Andre Yardi</p> <p>Signature: </p> <p>Date: 10/01/2021</p>	<p>Title: Owner/Operator</p> <p>Phone #: (541) 782-1906</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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