

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 DEC/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	1.6	
2	2:24	Pool	1.5	
3	6:55	House	1.4	
4	12:15	#56	1.4	
5	10:05	Clubhouse	1.3	
6	12:33	Pavilion	1.3	
7	2:35	Pool	1.4	
8	9:31	House	1.6	
9	1:30	#56	1.5	
10	11:45	Clubhouse	1.4	
11	10:22	Pavilion	1.4	
12	9:15	Pool	1.3	
13	2:25	House	1.2	
14	10:20	#56	1.2	
15	9:50	Clubhouse	1.2	
16	10:26	Pavilion	1.2	
17	10:26	Pool	1.3	
18	12:15	House	1.1	
19	1:15	#56	1.4	
20	10:12	Clubhouse	1.6	
21	9:51	Pavilion	1.7	
22	12:18	Pool	1.3	
23	2:15	House	1.3	
24	1:35	#56	1.3	
25	1:35	Clubhouse	1.4	
26	10:58	Pavilion	2.0	
27	9:11	Pool	2.1	
28	1:05	House	2.3	
29	11:59	#56	2.5	
30	3:15	Clubhouse	2.4	
31	12:46	Pavilion	2.3	

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>
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Printed Name: <u>Andra Yazdi</u> Signature: _____ Date: 01 / 01 / 2022	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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