

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 JAN/2022

Entry Point: SRC-AC

Required Minimum Residual 0.72 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:05	PAV.	2.1	
2	12:31	Pool	2.1	
3	11:20	Hous.	2.0	
4	9:00	#56	1.9	
5	12:29	C-Hous	1.9	
6	1:55	PAV.	1.8	
7	10:12	Pool	1.7	
8	6:20	Hous	1.5	
9	10:22	#56	1.4	
10	12:00	C-Hous	1.6	
11	1:48	PAV.	1.7	
12	10:33	Pool	1.7	
13	6:50	Hous	1.7	
14	11:52	#56	1.8	
15	2:30	e. Hous	1.9	
16	11:26	PAV.	2.0	
17	12:05	Pool	2.1	
18	6:58	Hous	2.2	
19	11:41	#56	2.3	
20	10:00	Club House	2.4	
21	12:33	PAV.	2.5	
22	11:50	Pool	2.4	
23	6:53	Hous	2.3	
24	11:40	#56	2.0	
25	10:57	C. House	1.9	
26	1:30	PAV.	1.9	
27	9:55	Pool	1.3	
28	11:15	Hous	1.9	
29	9:30	#56	1.9	
30	8:55	C-Hous	2.0	
31	10:07	PAV.	2.0	

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	Title: Owner/Operator	Operator Certification #:
Signature:	Phone #: (541) 782-1906	OR
Date: 02/01/2022		Small Groundwater System X

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.