

### 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 FEB/ 2022 Entry Point: SRC-AC

Required Minimum Residual 0.32 mg/L

| Date | Time  | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|------------------|--|-------|
| 1    | 10:55 | Pavilion         | 2.3  |       |
| 2    | 9:30  | Pool             | 2.5  |       |
| 3    | 9:45  | House            | 2.8  |       |
| 4    | 10:36 | #56              | 2.6  |       |
| 5    | 11:41 | Clubhouse        | 2.5  |       |
| 6    | 11:10 | Pavilion         | 2.5  |       |
| 7    | 9:55  | Pool             | 2.6  |       |
| 8    | 10:49 | House            | 2.5  |       |
| 9    | 8:59  | #56              | 2.5  |       |
| 10   | 1:35  | Clubhouse        | 2.6  |       |
| 11   | 4:51  | Pavilion         | 2.6  |       |
| 12   | 4:57  | Pool             | 2.6  |       |
| 13   | 12:46 | House            | 2.6  |       |
| 14   | 10:00 | #56              | 2.7  |       |
| 15   | 11:12 | Clubhouse        | 2.5  |       |
| 16   | 1:36  | Pavilion         | 2.5  |       |
| 17   | 12:28 | Pool             | 2.5  |       |
| 18   | 10:21 | House            | 2.4  |       |
| 19   | 11:40 | #56              | 2.3  |       |
| 20   | 12:00 | Clubhouse        | 2.3  |       |
| 21   | 10:10 | Pavilion         | 2.2  |       |
| 22   | 12:48 | Pool             | 2.2  |       |
| 23   | 6:51  | House            | 2.1  |       |
| 24   | 12:04 | #56              | 2.1  |       |
| 25   | 11:30 | Clubhouse        | 2.0  |       |
| 26   | 1:42  | Pavilion         | 2.0  |       |
| 27   | 10:17 | Pool             | 2.0  |       |
| 28   | 6:42  | House            | 1.9  |       |
| 29   |       | #56              |  |       |
| 30   |       | Clubhouse        |  |       |
| 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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /  
 Date it was returned to service: / /

Printed Name: Andre Yazdi  
 Signature: *Andre Yazdi*  
 Date: 3/1/2022

Operator/Operator  
 Phone #: (541-782-1906)

Operator Certification #: 4328  
 OR  
 Small Groundwater System X

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97203-0350.