

State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

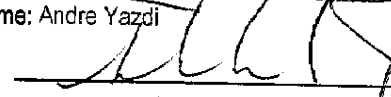
System Name **Casey's Riverside RV Park** PWS ID# **41 01007**
 Month/Year **MAR/ 2022** Entry Point: **SRC-AC** Required Minimum Residual **0.2 mg/L**



Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:29	Pavilion	1.8	
2	11:40	Pool	1.8	
3	6:30	House	1.7	
4	1:12	#56	1.7	
5	10:08	Clubhouse	1.4	
6	2:50	Pavilion	1.6	
7	4:20	Pool	1.4	
8	10:12	House	1.9	
9	1:33	#56	2.1	
10	11:50	Clubhouse	2.2	
11	12:42	Pavilion	2.2	
12	3:18	Pool	2.3	
13	6:20	House	2.3	
14	11:11	#56	2.4	
15	12:10	Clubhouse	2.4	
16	11:40	Pavilion	2.5	
17	12:31	Pool	2.5	
18	6:35	House	2.5	
19	10:27	#56	2.4	
20	12:19	Clubhouse	2.4	
21	3:44	Pavilion	2.6	
22	9:35	Pool	2.5	
23	6:40	House	2.4 2.4	
24	12:21	#56	2.4	
25	10:09	Clubhouse	2.4	
26	1:50	Pavilion	2.4	
27	2:45	Pool	2.3	
28	6:53	House	2.3	
29	9:00	#56	2.3	
30	3:18	Clubhouse	2.3	
31	11:03	Pavilion	2.2	

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: <u> / / </u></p> <p>Date it was returned to service: <u> / / </u></p>

Printed Name: **Andre Yazdi** Operator/Operator Operator Certification #: **4328**
 Signature:  Phone #: **(541-782-1906)** OR
 Date: **14-1-2022** 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 14250, Portland, OR 97202-0250.