


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

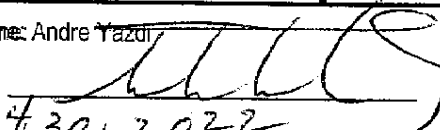
System Name Casey's Riverside RV Park		PWS ID# 411 01007		
Month/Year APR/ 2022		Entry Point: SRC-AC		Required Minimum Residual 0.7 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00	Pavilion	2.2	
2	11:12	Pool	2.2	
3	6:20	House	2.2	
4	1:19	#56	2.2	
5	2:10	Clubhouse	2.2	
6	11:50	Pavilion	2.2	
7	12:42	Pool	2.1	
8	6:33	House	2.1	
9	12:16	#56	2.1	
10	11:23	Clubhouse	2.0	
11	3:59	Pavilion	2.0	
12	11:36	Pool	2.0	
13	6:50	House	1.9	
14	9:35	#56	1.9	
15	2:00	Clubhouse	1.9	
16	11:42	Pavilion	1.8	
17	3:06	Pool	1.7	
18	6:50	House	1.7	
19	12:22	#56	1.6	
20	1:30	Clubhouse	1.6	
21	10:10	Pavilion	1.5	
22	1:21	Pool	1.5	
23	4:10	House	1.5	
24	12:29	#56	1.4	
25	11:40	Clubhouse	1.4	
26	1:52	Pavilion	1.4	
27	12:55	Pool	1.3	
28	6:40	House	1.3	
29	9:40	#56	1.3	
30	3:45	Clubhouse	1.3	
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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>
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Printed Name: Andre Yazor Signature:  Date: 4/30/2022	Owner/Operator Phone #: (541-782-1906) Operator Certification #: 4328 OR Small Groundwater System X
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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 97203-0350.