

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

System Name Casey's Riverside RV Park  
Month/Year JUN/ 2022 Entry Point SRC-AC

PWS ID# 41 01007



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    | 11:34 | Pavilion         | 1.5  |       |
| 2    | 12:12 | Pool             | 1.8  |       |
| 3    | 6:00  | House            | 2.2  |       |
| 4    | 11:30 | #56              | 2.7  |       |
| 5    | 3:05  | Clubhouse        | 2.7  |       |
| 6    | 2:11  | Pavilion         | 2.8  |       |
| 7    | 11:50 | Pool             | 2.9  |       |
| 8    | 6:10  | House            | 2.9  |       |
| 9    | 9:42  | #56              | 2.9  |       |
| 10   | 11:00 | Clubhouse        | 2.9  |       |
| 11   | 4:53  | Pavilion         | 2.9  |       |
| 12   | 11:22 | Pool             | 2.9  |       |
| 13   | 6:00  | House            | 2.8  |       |
| 14   | 12:40 | #56              | 2.7  |       |
| 15   | 2:05  | Clubhouse        | 2.7  |       |
| 16   | 1:16  | Pavilion         | 2.6  |       |
| 17   | 10:50 | Pool             | 2.6  |       |
| 18   | 6:10  | House            | 2.5  |       |
| 19   | 3:55  | #56              | 2.4  |       |
| 20   | 12:50 | Clubhouse        | 2.3  |       |
| 21   | 2:40  | Pavilion         | 2.2  |       |
| 22   | 9:00  | Pool             | 2.0  |       |
| 23   | 6:05  | House            | 2.0  |       |
| 24   | 12:12 | #56              | 1.9  |       |
| 25   | 2:33  | Clubhouse        | 1.8  |       |
| 26   | 11:00 | Pavilion         | 1.8  |       |
| 27   | 9:10  | Pool             | 1.7  |       |
| 28   | 6:00  | House            | 1.6  |       |
| 29   | 12:26 | #56              | 1.5  |       |
| 30   | 2:44  | Clubhouse        | 1.4  |       |
| 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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> |
|--|--|

Date continuous monitoring equipment failed: // //

Date it was returned to service: // //

Printed Name: Andre Yazdi  
 Signature:   
 Date: 6/30/2022

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.