

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 JUL/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	12:50	Pavilion	1.3	
2	4:00	Pool	1.3	
3	2:13	House	1.4	
4	11:40	#56	1.4	
5	01:20	Clubhouse	1.4	
6	12:50	Pavilion	1.5	
7	9:31	Pool	1.5	
8	6:30	House	1.4	
9	2:11	#56	1.4	
10	3:39	Clubhouse	1.3	
11	12:00	Pavilion	1.3	
12	10:00	Pool	1.3	
13	6:21	House	1.2	
14	10:05	#56	1.3	
15	12:48	Clubhouse	1.4	
16	2:10	Pavilion	1.5	
17	9:33	Pool	1.5	
18	6:15	House	1.6	
19	12:40	#56	1.7	
20	2:00	Clubhouse	1.7	
21	11:10	Pavilion	1.7	
22	9:22	Pool	1.7	
23	6:10	House	1.6	
24	3:48	#56	1.6	
25	2:30	Clubhouse	1.6	
26	4:25	Pavilion	1.7	
27	2:13	Pool	1.7	
28	6:00	House	1.7	
29	12:50	#56	1.7	
30	11:21	Clubhouse	1.7	
31	9:37	Pavilion	1.7	

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>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Andre Yazdi Operator/Operator Operator Certification #: 4328
 Signature: Phone #: (541-782-1906) OR
 Date: 7-31-22 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 97203-0350.