

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 AUG/ 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	11:50	Pavilion	1.7	
2	10:30	Pool	1.7	
3	6:00	House	1.7	
4	12:41	#56	1.7	
5	2:38	Clubhouse	1.7	
6	11:22	Pavilion	1.8	
7	9:13	Pool	1.8	
8	6:05	House	1.8	
9	3:19	#56	1.8	
10	10:04	Clubhouse	1.8	
11	12:00	Pavilion	2.0	
12	9:05	Pool	2.1	
13	6:00	House	2.2	
14	11:28	#56	2.2	
15	10:30	Clubhouse	2.2	
16	2:50	Pavilion	2.1	
17	9:13	Pool	2.0	
18	6:05	House	2.0	
19	3:16	#56	1.9	
20	2:50	Clubhouse	1.8	
21	12:41	Pavilion	1.7	
22	9:10	Pool	1.6	
23	6:00	House	1.5	
24	11:22	#56	1.5	
25	10:30	Clubhouse	1.4	
26	12:00	Pavilion	1.4	
27	8:50	Pool	1.3	
28	6:00	House	1.3	
29	11:22	#56	1.3	
30	12:50	Clubhouse	1.3	
31	2:18	Pavilion	1.3	

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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<p>Printed Name: Andre Yazdi</p> <p>Signature: </p> <p>Date: 8/19/22</p>	<p>Operator/Operator</p> <p>Phone #: (541-782-1906)</p>	<p>Operator Certification #: 4328</p> <p>OR</p> <p>Small Groundwater System X</p>
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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.