

**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 SEP/2022 Entry Point: SRC-AC

Required Minimum Residual 0.72 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:47	Pavilion	1.3	
2	10:13	Pool	1.3	
3	6:05	House	1.3	
4	3:18	#56	1.4	
5	12:50	Clubhouse	1.4	
6	12:21	Pavilion	1.4	
7	9:30	Pool	1.4	
8	5:55	House	1.4	
9	12:33	#56	1.3	
10	10:00	Clubhouse	1.3	
11	2:14	Pavilion	1.3	
12	9:16	Pool	1.3	
13	6:20	House	1.2	
14	12:30	#56	1.2	
15	1:16	Clubhouse	1.2	
16	8:58	Pavilion	1.2	
17	10:00	Pool	1.1	
18	6:30	House	1.1	
19	11:33	#56	1.0	
20	2:18	Clubhouse	1.0	
21	3:55	Pavilion	1.0	
22	10:22	Pool	1.0	
23	6:20	House	1.1	
24	12:44	#56	1.3	
25	1:30	Clubhouse	1.3	
26	1:00	Pavilion	1.2	
27	10:05	Pool	1.3	
28	6:25	House	1.2	
29	11:10	#56	1.1	
30	3:56	Clubhouse	1.1	
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> <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
--	--

<p>Printed Name: Andre Yazdani</p> <p>Signature: </p> <p>Date: 9/30/2022</p>	<p>Water/Operator</p> <p>Phone #: (541-782-1906)</p>	<p>Operator Certification #: 4328</p> <p>OR</p> <p>Small Groundwater System X</p>
--	--	---

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 97293-0350.