

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 NOV/ 2022

Entry Point: SRC-AC

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:35	Pavilion	1.0	
2	1:40	Pool	1.2	
3	6:30	House	1.4	
4	3:55	#56	1.5	
5	10:10	Clubhouse	1.5	
6	2:00	Pavilion	1.5	
7	11:20	Pool	1.5	
8	6:40	House	1.4	
9	11:00	#56	1.5	
10	2:08	Clubhouse	1.4	
11	3:33	Pavilion	1.4	
12	2:12	Pool	1.4	
13	6:55	House	1.3	
14	11:42	#56	1.3	
15	11:14	Clubhouse	1.3	
16	10:42	Pavilion	1.3	
17	2:33	Pool	1.2	
18	6:50	House	1.2	
19	3:22	#56	1.2	
20	10:14	Clubhouse	1.3	
21	12:50	Pavilion	1.3	
22	10:10	Pool	1.4	
23	7:4	House	1.4	
24	11:29	#56	1.4	
25	2:50	Clubhouse	1.5	
26	12:00	Pavilion	1.4	
27	2:36	Pool	1.4	
28	6:50	House	1.7	
29	12:44	#56	1.6	
30	9:20	Clubhouse	1.6	
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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Andre Yazdi Operator/Operator
 Signature: Operator Certification #: 4328
 Date: 11/30/2022 Phone #: (541-782-1906)
OR
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 14250, Portland, OR 97293-0350.