

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 DEC/ 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	10:14	Pavilion	1.6	
2	12:26	Pool	1.6	
3	6:53	House	1.7	
4	10:21	#56	1.7	
5	9:11	Clubhouse	1.7	
6	2:42	Pavilion	1.8	
7	1:50	Pool	1.8	
8	7:00	House	1.9	
9	3:14	#56	1.9	
10	10:33	Clubhouse	1.9	
11	12:05	Pavilion	1.9	
12	11:00	Pool	1.8	
13	7:05	House	1.8	
14	10:20	#56	1.8	
15	11:50	Clubhouse	1.8	
16	2:05	Pavilion	1.7	
17	10:27	Pool	1.7	
18	6:50	House	1.7	
19	11:24	#56	1.7	
20	3:45	Clubhouse	1.7	
21	11:25	Pavilion	1.6	
22	9:45	Pool	1.6	
23	6:55	House	1.6	
24	2:4	#56	1.6	
25	9:50	Clubhouse	1.6	
26	9:30	Pavilion	1.6	
27	12:40	Pool	1.7	
28	9:30	House	1.7	
29	2:30	#56	1.8	
30	10:15	Clubhouse	1.9	
31	9:25	Pavilion	1.9	

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: 1/11/2023 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.