

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	JAN/2023	Entry Point:	SRC-AC
		Required Minimum Residual	.72 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:14	Pavilion	1.9	
2	1:11	Pool	1.9	
3	6:45	House	1.9	
4	12:33	#56	2.0	
5	11:10	Clubhouse	2.1	
6	2:21	Pavilion	2.1	
7	10:42	Pool	2.1	
8	7:05	House	2.0	
9	12:50	#56	2.0	
10	10:42	Clubhouse	2.0	
11	1:15	Pavilion	1.9	
12	9:58	Pool	1.8	
13	7:02	House	1.9	
14	1:28	#56	1.9	
15	10:48	Clubhouse	1.8	
16	2:12	Pavilion	1.9	
17	4:10	Pool	1.9	
18	6:45	House	2.1	
19	10:37	#56	2.2	
20	12:03	Clubhouse	2.1	
21	10:44	Pavilion	2.0	
22	2:29	Pool	1.9	
23	6:55	House	1.8	
24	12:00	#56	1.7	
25	11:30	Clubhouse	1.8	
26	3:14	Pavilion	1.4	
27	10:00	Pool	1.1	
28	6:40	House	1.8	
29	12:36	#56	1.9	
30	11:19	Clubhouse	1.8	
31	11:20	Pavilion	1.2	

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><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Andre Yazdi	Title: Owner/Operator	Operator Certification #:
Signature:	Phone #: (541) 782-1906	OR
Date: 02/01/2023		Small Groundwater System <input checked="" type="checkbox"/>