

### State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name Casey's Riverside RV Park

PWS ID# 4 1 01007

Month/Year FEB/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	9:15	Pavilion	1.3	
2	10:15	Pool	1.5	
3	10:35	House	1.8	
4	11:00	#56	1.9	
5	10:35	Clubhouse	1.9	
6	10:10	Pavilion	1.9	
7	9:10	Pool	1.9	
8	9:45	House	1.9	
9	9:50	#56	2.0	
10	10:05	Clubhouse	2.1	
11	10:10	Pavilion	2.1	
12	9:45	Pool	2.2	
13	11:20	House	2.2	
14	10:05	#56	2.3	
15	12:23	Clubhouse	2.3	
16	2:11	Pavilion	2.2	
17	11:35	Pool	2.2	
18	10:33	House	2.1	
19	12:49	#56	2.1	
20	1:20	Clubhouse	2.0	
21	4:44	Pavilion	2.0	
22	10:15	Pool	2.0	
23	6:10	House	2.1	
24	2:41	#56	1.9	
25	10:00	Clubhouse	1.8	
26	12:57	Pavilion	1.9	
27	11:11	Pool	1.7	
28	6:25	House	1.7	
29		#56		
30		Clubhouse		
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: Andre Yazdi Signature: Date: 03 / 01 / 2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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