

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 MAR/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	10:00	Pavilion	1.7	
2	9:52	Pool	1.7	
3	6:10	House	1.6	
4	2:00	#56	1.6	
5	10:15	Clubhouse	1.4	
6	12:44	Pavilion	1.5	
7	9:05	Pool	1.5	
8	6:20	House	1.4	
9	2:42	#56	1.3	
10	1:33	Clubhouse	1.2	
11	12:00	Pavilion	1.2	
12	9:41	Pool	1.2	
13	6:20	House	1.3	
14	1:55	#56	1.3	
15	10:30	Clubhouse	1.3	
16	2:00	Pavilion	1.2	
17	11:26	Pool	1.2	
18	6:15	House	1.3	
19	12:45	#56	1.3	
20	1:16	Clubhouse	1.2	
21	3:44	Pavilion	1.2	
22	12:00	Pool	1.1	
23	6:00	House	1.2	
24	11:30	#56	1.1	
25	11:21	Clubhouse	1.0	
26	10:15	Pavilion	1.1	
27	2:40	Pool	1.1	
28	6:30	House	1.2	
29	12:18	#56	1.3	
30	1:35	Clubhouse	1.3	
31	10:00	Pavilion	1.3	

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>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>
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Printed Name: Andre Yazdi Signature: Date: 04/01/2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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