

### 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 **APR/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	12:05	Pavilion	1.3	
2	2:14	Pool	1.2	
3	6:12	House	1.2	
4	10:41	#56	1.1	
5	1:00	Clubhouse	1.1	
6	8:50	Pavilion	1.0	
7	12:00	Pool	2.0	
8	6:30	House	2.2	
9	1:16	#56	2.5	
10	10:04	Clubhouse	2.5	
11	2:33	Pavilion	2.4	
12	11:30	Pool	2.3	
13	6:35	House	2.1	
14	1:11	#56	2.1	
15	10:22	Clubhouse	2.1	
16	2:55	Pavilion	2.0	
17	1:00	Pool	1.9	
18	6:20	House	2.0	
19	10:44	#56	1.9	
20	12:39	Clubhouse	1.8	
21	10:58	Pavilion	1.8	
22	11:02	Pool	1.9	
23	6:40	House	2.0	
24	11:29	#56	2.0	
25	11:10	Clubhouse	2.1	
26	2:20	Pavilion	2.0	
27	12:30	Pool	1.9	
28	11:00	House	1.8	
29	10:40	#56	1.8	
30	4:30	Clubhouse	1.8	
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** Title: **Owner/Operator** Operator Certification #: \_\_\_\_\_  
 Signature: Phone #: **(541) 782-1906** OR  
 Date: **05 / 01 / 2023** Small Groundwater System