

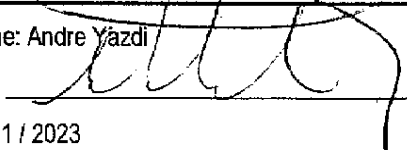
### State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name	Casey's Riverside RV Park	PWS ID#	4 1 01007
Month/Year	MAY/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	9:05	Pavilion	1.8	
2	12:33	Pool	1.8	
3	6:10	House	1.7	
4	2:12	#56	1.7	
5	10:00	Clubhouse	1.8	
6	3:14	Pavilion	1.8	
7	11:50	Pool	1.7	
8	6:15	House	1.7	
9	10:19	#56	1.9	
10	1:22	Clubhouse	2.0	
11	3:00	Pavilion	2.2	
12	10:05	Pool	2.5	
13	6:00	House	2.5	
14	11:45	#56	2.3	
15	12:30	Clubhouse	2.1	
16	2:55	Pavilion	2.0	
17	11:44	Pool	2.0	
18	9:20	House	2.0	
19	3:11	#56	2.1	
20	9:08	Clubhouse	2.1	
21	2:47	Pavilion	2.0	
22	12:30	Pool	2.0	
23	6:00	House	2.1	
24	11:00	#56	2.0	
25	10:44	Clubhouse	2.0	
26	2:10	Pavilion	1.9	
27	9:12	Pool	1.8	
28	6:00	House	1.8	
29	3:33	#56	1.7	
30	12:21	Clubhouse	1.7	
31	9:23	Pavilion	1.7	

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: 06 / 01 / 2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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