

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 **JUN/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	10:07	Pavilion	1.7	
2	12:30	Pool	1.8	
3	6:20	House	1.8	
4	1:14	#56	1.9	
5	10:11	Clubhouse	1.9	
6	3:45	Pavilion	1.9	
7	8:50	Pool	2.0	
8	6:22	House	2.0	
9	4:33	#56	2.0	
10	12:02	Clubhouse	2.1	
11	2:30	Pavilion	2.0	
12	8:30	Pool	2.0	
13	6:30	House	2.0	
14	12:55	#56	2.0	
15	11:00	Clubhouse	2.1	
16	9:14	Pavilion	2.1	
17	9:00	Pool	2.0	
18	6:25	House	2.0	
19	12:11	#56	2.0	
20	2:31	Clubhouse	1.9	
21	12:30	Pavilion	1.9	
22	9:37	Pool	2.0	
23	6:21	House	1.9	
24	12:44	#56	1.9	
25	10:00	Clubhouse	1.9	
26	2:13	Pavilion	1.8	
27	10:10	Pool	1.8	
28	6:30	House	1.8	
29	12:00	#56	1.8	
30	9:11	Clubhouse	1.9	
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>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 Signature: Date: 07/01/2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
---	--	---