

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	JUL/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	1:18	Pavilion	1.9	
2	9:00	Pool	1.8	
3	6:10	House	1.8	
4	12:22	#56	1.8	
5	4:30	Clubhouse	1.7	
6	2:55	Pavilion	1.7	
7	8:58	Pool	1.8	
8	6:00	House	1.8	
9	4:11	#56	1.8	
10	10:40	Clubhouse	1.6	
11	12:12	Pavilion	1.4	
12	9:00	Pool	1.2	
13	6:15	House	1.2	
14	12:05	#56	1.2	
15	2:30	Clubhouse	1.3	
16	3:49	Pavilion	1.3	
17	9:00	Pool	1.3	
18	6:00	House	1.2	
19	11:42	#56	1.2	
20	10:30	Clubhouse	1.2	
21	1:14	Pavilion	1.1	
22	3:50	Pool	1.1	
23	6:11	House	1.2	
24	4:05	#56	1.2	
25	10:41	Clubhouse	1.2	
26	12:33	Pavilion	1.3	
27	9:00	Pool	1.2	
28	5:55	House	1.1	
29	11:20	#56	1.1	
30	2:49	Clubhouse	1.1	
31	12:00	Pavilion	1.1	

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: 08 / 01 / 2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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