

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 **AUG/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	12:30	Pavilion	1.1	
2	9:15	Pool	1.1	
3	6:00	House	1.0	
4	2:34	#56	1.0	
5	12:44	Clubhouse	1.0	
6	3:19	Pavilion	0.9	
7	8:21	Pool	0.9	
8	6:10	House	0.9	
9	1:11	#56	.9	
10	9:50	Clubhouse	.8	
11	3:10	Pavilion	.8	
12	9:22	Pool	1.2	
13	6:10	House	1.3	
14	11:20	#56	1.2	
15	9:33	Clubhouse	1.2	
16	12:45	Pavilion	1.1	
17	9:00	Pool	1.1	
18	6:20	House	1.1	
19	2:49	#56	1.0	
20	11:00	Clubhouse	1.0	
21	3:10	Pavilion	1.1	
22	9:03	Pool	1.1	
23	6:22	House	1.1	
24	8:56	#56	1.0	
25	1:00	Clubhouse	1.1	
26	12:33	Pavilion	1.2	
27	10:50	Pool	1.2	
28	6:20	House	1.2	
29	3:18	#56	1.2	
30	9:51	Clubhouse	1.1	
31	11:44	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: 09 / 01 / 2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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