

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	SEP/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	12:49	Pavilion	1.2	
2	9:05	Pool	1.2	
3	6:40	House	1.3	
4	11:00	#56	1.4	
5	10:21	Clubhouse	1.4	
6	3:48	Pavilion	1.5	
7	8:12	Pool	1.4	
8	6:30	House	1.8	
9	2:11	#56	1.9	
10	9:45	Clubhouse	1.9	
11	1:26	Pavilion	2.0	
12	8:55	Pool	2.0	
13	6:30	House	2.2	
14	3:10	#56	2.5	
15	9:00	Clubhouse	3.0	
16	11:44	Pavilion	2.9	
17	9:02	Pool	2.7	
18	6:30	House	2.5	
19	12:31	#56	2.4	
20	3:11	Clubhouse	2.2	
21	2:45	Pavilion	2.0	
22	8:00	Pool	1.7	
23	6:20	House	1.6	
24	1:38	#56	1.6	
25	12:00	Clubhouse	1.5	
26	2:33	Pavilion	1.4	
27	8:11	Pool	1.4	
28	6:45	House	1.3	
29	3:58	#56	1.3	
30	11:24	Clubhouse	1.3	
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> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Andre Yazdi Signature: Date: 10/01/2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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