

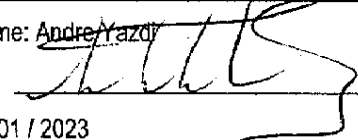
State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name	Casey's Riverside RV Park	PWS ID#	41 01007
Month/Year	OCT/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	11:41	Pavilion	1.3	
2	9:12	Pool	1.4	
3	6:52	House	1.6	
4	12:41	#56	1.7	
5	2:00	Clubhouse	1.9	
6	11:22	Pavilion	2.0	
7	9:55	Pool	2.2	
8	15:00	House	2.3	
9	13:30	#56	1.9	
10	13:45	Clubhouse	1.4	
11	12:25	Pavilion	1.4	
12	8:30	Pool	1.4	
13	6:50	House	1.4	
14	12:48	#56	1.3	
15	9:25	Clubhouse	1.5	
16	2:00	Pavilion	1.6	
17	11:30	Pool	1.7	
18	6:55	House	1.8	
19	2:33	#56	1.8	
20	11:00	Clubhouse	1.9	
21	10:47	Pavilion	2.0	
22	9:12	Pool	1.8	
23	7:00	House	1.6	
24	12:10	#56	1.5	
25	2:30	Clubhouse	1.3	
26	12:22	Pavilion	1.1	
27	9:53	Pool	1.2	
28	7:05	House	1.2	
29	2:14	#56	1.3	
30	9:26	Clubhouse	1.3	
31	1:28	Pavilion	1.3	

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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Andre Yazdani Signature:  Date: 11/01/2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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