

### 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	NOV/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	10:17	Pavilion	1.3	
2	12:52	Pool	1.4	
3	6:30	House	1.5	
4	2:00	#56	1.6	
5	11:55	Clubhouse	1.6	
6	1:27	Pavilion	1.6	
7	9:22	Pool	1.7	
8	7:00	House	1.7	
9	1:40	#56	1.7	
10	2:28	Clubhouse	1.6	
11	11:40	Pavilion	1.7	
12	9:32	Pool	1.7	
13	6:20	House	1.8	
14	11:00	#56	1.7	
15	9:50	Clubhouse	1.8	
16	2:22	Pavilion	1.8	
17	10:40	Pool	1.8	
18	6:55	House	1.7	
19	3:01	#56	1.7	
20	10:40	Clubhouse	1.8	
21	2:57	Pavilion	1.7	
22	9:40	Pool	1.7	
23	10:25	House	1.7	
24	3:14	#56	1.8	
25	2:00	Clubhouse	1.7	
26	1:35	Pavilion	1.6	
27	9:55	Pool	1.6	
28	6:55	House	1.5	
29	11:00	#56	1.5	
30	2:22	Clubhouse	1.4	
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 Yazof Signature: Date: 12/01/2023	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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