

**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		DEC/2023	Entry Point:	SRC-AC
			Required Minimum Residual	.72 mg/L

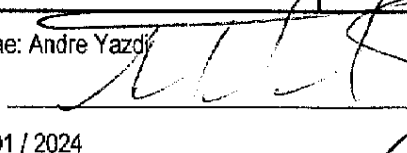
  

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:10	Pavilion	1.5	
2	9:00	Pool	1.5	
3	6:50	House	1.4	
4	12:11	#56	1.4	
5	2:56	Clubhouse	1.3	
6	1:00	Pavilion	1.3	
7	12:31	Pool	1.2	
8	9:52	House	1.2	
9	2:14	#56	1.3	
10	9:22	Clubhouse	1.4	
11	1:00	Pavilion	1.5	
12	10:50	Pool	1.6	
13	6:42	House	1.7	
14	3:19	#56	1.7	
15	1:33	Clubhouse	1.7	
16	12:00	Pavilion	1.6	
17	9:05	Pool	1.6	
18	6:54	House	1.6	
19	11:44	#56	1.6	
20	2:11	Clubhouse	1.5	
21	2:21	Pavilion	1.5	
22	10:38	Pool	1.6	
23	7:00	House	1.6	
24	2:49	#56	1.7	
25	3:09	Clubhouse	1.7	
26	12:10	Pavilion	1.6	
27	10:34	Pool	1.6	
28	7:05	House	1.5	
29	2:40	#56	1.5	
30	12:59	Clubhouse	1.6	
31	10:40	Pavilion	1.6	

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 Yazdy	Title: Owner/Operator	Operator Certification #:
Signature: 	Phone #: (541) 782-1906	OR
Date: 01/01/2024		Small Groundwater System <input checked="" type="checkbox"/>