

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

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|-------------|---------------------------|---------------------------|----------|
| System Name | Casey's Riverside RV Park | PWS ID# | 41 01007 |
| Month/Year | Jan/2024 | 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 | 11:06 | Pavilion | 1.6 | |
| 2 | 2:22 | Pool | 1.5 | |
| 3 | 6:50 | House | 1.5 | |
| 4 | 2:45 | #56 | 1.5 | |
| 5 | 9:12 | Clubhouse | 1.5 | |
| 6 | 1:33 | Pavilion | 1.6 | |
| 7 | 10:52 | Pool | 1.6 | |
| 8 | 6:50 | House | 1.6 | |
| 9 | 12:21 | #56 | 1.8 | |
| 10 | 2:30 | Clubhouse | 1.9 | |
| 11 | 11:00 | Pavilion | 2.0 | |
| 12 | 10:55 | Pool | 2.1 | |
| 13 | 6:30 | House | 2.2 | |
| 14 | 1:43 | #56 | 2.1 | |
| 15 | 11:30 | Clubhouse | 2.0 | |
| 16 | 1:55 | Pavilion | 2.0 | |
| 17 | 10:00 | Pool | 1.9 | |
| 18 | 6:30 | House | 1.9 | |
| 19 | 2:28 | #56 | 1.8 | |
| 20 | 10:46 | Clubhouse | 1.8 | |
| 21 | 9:15 | Pavilion | 1.8 | |
| 22 | 10:10 | Pool | 2.0 | |
| 23 | 10:45 | House | 2.2 | |
| 24 | 11:54 | #56 | 2.3 | |
| 25 | 10:10 | Clubhouse | 2.4 | |
| 26 | 8:40 | Pavilion | 2.4 | |
| 27 | 11:45 | Pool | 2.5 | |
| 28 | 9:30 | House | 2.7 | |
| 29 | 10:25 | #56 | 2.8 | |
| 30 | 12:10 | Clubhouse | 2.8 | |
| 31 | 16:45 | Pavilion | 2.8 | |

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.

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| <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: 02/01/2024 | Title: Owner/Operator Phone #: (541) 782-1906 | Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/> |
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