

### 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 Feb/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	10:45	Pavilion	2.8	
2	8:35	Pool	2.7	
3	11:30	House	2.7	
4	10:15	#56	2.8	
5	9:45	Clubhouse	2.8	
6	1:30	Pavilion	2.8	
7	9:20	Pool	2.9	
8	8:30	House	3.0	
9	9:20	#56	3.2	
10	11:25	Clubhouse	3.0	
11	10:35	Pavilion	2.9	
12	9:35	Pool	2.8	
13	11:00	House	2.8	
14	9:45	#56	2.8	
15	10:10	Clubhouse	2.8	
16	11:20	Pavilion	3.0	
17	9:10	Pool	3.1	
18	8:35	House	3.3	
19	9:27	#56	3.1	
20	12:04	Clubhouse	3.00	
21	11:05	Pavilion	2.8	
22	10:33	Pool	2.7	
23	6:20	House	2.7	
24	2:41	#56	2.6	
25	11:50	Clubhouse	2.6	
26	9:30	Pavilion	2.5	
27	11:40	Pool	2.4	
28	6:30	House	2.4	
29	3:47	#56	2.3	
30		Clubhouse		
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><i>Attach those results and submit them with this form.</i></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><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 Title: Owner/Operator Operator Certification #:  
 Signature: Phone #: (541) 782-1906 OR  
 Date: 03 / 01 / 2024 Small Groundwater System