

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 Mar/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	2:00	Pavilion	2.3	
2	10:05	Pool	2.2	
3	6:00	House	2.3	
4	12:14	#56	2.4	
5	11:39	Clubhouse	2.4	
6	2:22	Pavilion	2.4	
7	10:56	Pool	2.5	
8	6:35	House	2.5	
9	3:35	#56	2.5	
10	10:40	Clubhouse	2.4	
11	2:08	Pavilion	2.2	
12	9:11	Pool	2.0	
13	6:30	House	1.8	
14	12:08	#56	1.5	
15	3:10	Clubhouse	1.4	
16	1:20	Pavilion	1.4	
17	9:00	Pool	1.3	
18	6:50	House	1.3	
19	2:44	#56	1.3	
20	11:55	Clubhouse	1.3	
21	4:15	Pavilion	1.4	
22	9:33	Pool	1.4	
23	6:45	House	1.4	
24	10:41	#56	1.5	
25	9:17	Clubhouse	1.4	
26	2:14	Pavilion	1.4	
27	9:33	Pool	1.4	
28	6:55	House	1.5	
29	3:22	#56	1.5	
30	12:41	Clubhouse	1.5	
31	3:20	Pavilion	1.5	

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 Yazdi Title: Owner/Operator Operator Certification #: _____
 Signature: _____ Phone #: (541) 782-1906 OR
 Date: 04/01/2024 Small Groundwater System