


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** 

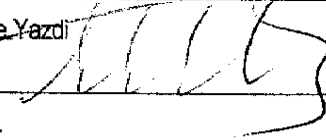
Month/Year **Apr/2024** Entry Point: **SRC-AC** Required Minimum Residual **.72 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:40	Pavilion	1.5	
2	9:31	Pool	1.5	
3	6:00	House	1.4	
4	12:40	#56	1.5	
5	2:22	Clubhouse	1.5	
6	9:37	Pavilion	1.5	
7	10:10	Pool	1.6	
8	6:20	House	1.4	
9	2:11	#56	1.5	
10	12:49	Clubhouse	1.5	
11	3:18	Pavilion	1.4	
12	9:30	Pool	1.3	
13	6:44	House	1.3	
14	2:50	#56	1.4	
15	8:22	Clubhouse	1.4	
16	12:39	Pavilion	1.5	
17	9:47	Pool	1.6	
18	10:40	House	1.6	
19	3:18	#56	1.6	
20	10:40	Clubhouse	1.6	
21	1:10	Pavilion	1.7	
22	9:33	Pool	1.7	
23	6:50	House	1.7	
24	12:51	#56	1.7	
25	9:30	Clubhouse	1.7	
26	7:57	Pavilion	1.7	
27	9:45	Pool	1.6	
28	7:00	House	1.6	
29	9:48	#56	1.6	
30	10:46	Clubhouse	1.6	
31		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>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 style="text-align: center;">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> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Date continuous monitoring equipment failed:</td> <td style="width: 20%; text-align: center;">/ /</td> <td style="width: 20%;"></td> </tr> <tr> <td>Date it was returned to service:</td> <td style="text-align: center;">/ /</td> <td></td> </tr> </table>	Date continuous monitoring equipment failed:	/ /		Date it was returned to service:	/ /	
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Date it was returned to service:	/ /						

Printed Name: Andre Yazdi	Title: Owner/Operator	Operator Certification #:
Signature: 	Phone #: (541) 782-1906	OR
Date: 05/01/2024		Small Groundwater System <input checked="" type="checkbox"/>