

### 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 May/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	12:00	Pavilion	1.6	
2	8:40	Pool	1.5	
3	7:00	House	1.5	
4	11:31	#56	1.4	
5	9:44	Clubhouse	1.4	
6	2:00	Pavilion	1.4	
7	3:05	Pool	1.4	
8	6:05	House	1.3	
9	2:19	#56	1.3	
10	9:44	Clubhouse	1.3	
11	12:11	Pavilion	1.2	
12	9:00	Pool	1.2	
13	6:30	House	1.2	
14	3:50	#56	1.2	
15	9:31	Clubhouse	1.2	
16	2:22	Pavilion	1.3	
17	8:39	Pool	1.3	
18	6:13	House	1.2	
19	3:02	#56	1.3	
20	11:50	Clubhouse	1.2	
21	2:31	Pavilion	1.2	
22	8:00	Pool	1.3	
23	6:42	House	1.3	
24	1:28	#56	1.3	
25	11:28	Clubhouse	1.3	
26	1:14	Pavilion	1.2	
27	8:30	Pool	1.1	
28	7:15	House	1.1	
29	3:17	#56	1.2	
30	11:00	Clubhouse	1.2	
31	10:40	Pavilion	1.2	

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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<p>Printed Name: Andre Yazdi</p> <p>Signature: </p> <p>Date: 06 / 01 / 2024</p>	<p>Title: Owner/Operator</p> <p>Phone #: (541) 782-1906</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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