

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	Jun/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	4:15	Pavilion	1.2	
2	2:30	Pool	1.2	
3	6:45	House	1.2	
4	12:08	#56	1.3	
5	11:50	Clubhouse	1.3	
6	12:42	Pavilion	1.4	
7	8:33	Pool	1.4	
8	6:40	House	1.3	
9	10:52	#56	1.3	
10	9:14	Clubhouse	1.2	
11	2:50	Pavilion	1.2	
12	8:00	Pool	1.1	
13	6:50	House	1.1	
14	1:22	#56	1.1	
15	9:05	Clubhouse	1.1	
16	12:31	Pavilion	1.2	
17	8:45	Pool	1.2	
18	7:00	House	1.2	
19	12:00	#56	1.3	
20	8:35	Clubhouse	1.3	
21	2:52	Pavilion	1.2	
22	9:14	Pool	1.2	
23	6:30	House	1.2	
24	2:45	#56	1.1	
25	10:00	Clubhouse	1.1	
26	3:20	Pavilion	1.0	
27	8:00	Pool	1.0	
28	6:10	House	1.0	
29	3:28	#56	1.1	
30	9:36	Clubhouse	1.1	
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>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	Title: Owner/Operator	Operator Certification #:
Signature:	Phone #: (541) 782-1906	OR
Date: 07/01/2024		Small Groundwater System <input checked="" type="checkbox"/>