

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 **Jul/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	12:13	Pavilion	1.2	
2	8:29	Pool	1.2	
3	6:11	House	1.2	
4	12:41	#56	1.1	
5	9:55	Clubhouse	1.1	
6	2:00	Pavilion	1.2	
7	8:13	Pool	1.1	
8	6:30	House	1.1	
9	1:00	#56	1.0	
10	10:36	Clubhouse	1.0	
11	3:02	Pavilion	1.0	
12	8:27	Pool	0.9	
13	6:42	House	0.9	
14	1:40	#56	0.9	
15	9:15	Clubhouse	1.1	
16	2:25	Pavilion	1.1	
17	8:52	Pool	1.2	
18	4:45	House	1.2	
19	1:33	#56	1.1	
20	9:00	Clubhouse	1.1	
21	3:18	Pavilion	1.0	
22	8:00	Pool	1.1	
23	6:40	House	1.0	
24	11:56	#56	1.1	
25	10:35	Clubhouse	1.1	
26	10:36	Pavilion	1.0	
27	8:24	Pool	1.0	
28	6:30	House	1.1	
29	12:50	#56	1.2	
30	1:00	Clubhouse	1.2	
31	2:30	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>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 Signature: Date: 08 / 01 / 2024	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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