

### 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 Aug/2024

Entry Point: SRC-AC

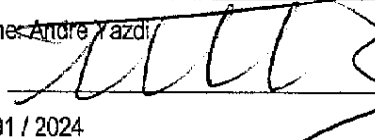
Required Minimum Residual .72 mg/L



Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1:40	Pavilion	1.2	
2	8:22	Pool	1.1	
3	6:55	House	1.1	
4	12:17	#56	1.2	
5	10:50	Clubhouse	1.2	
6	2:00	Pavilion	1.1	
7	8:05	Pool	1.0	
8	12:30	House	1.0	
9	12:45	#56	1.0	
10	3:11	Clubhouse	1.0	
11	2:00	Pavilion	1.1	
12	8:49	Pool	1.0	
13	6:50	House	1.0	
14	3:14	#56	1.9	
15	11:30	Clubhouse	.9	
16	2:18	Pavilion	.9	
17	9:05	Pool	1.0	
18	6:55	House	1.0	
19	2:42	#56	1.1	
20	1:50	Clubhouse	1.0	
21	12:22	Pavilion	1.0	
22	8:14	Pool	0.9	
23	7:00	House	0.9	
24	1:33	#56	0.8	
25	9:40	Clubhouse	0.8	
26	11:26	Pavilion	0.9	
27	8:00	Pool	0.9	
28	7:05	House	1.0	
29	3:56	#56	0.9	
30	4:02	Clubhouse	0.9	
31	11:30	Pavilion	1.0	

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><i>Attach those results and submit them with this form.</i></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><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: <del>Andre Yazdi</del> Signature:  Date: 09/01/2024	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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