

### 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 **Sep/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	10:14	Pavilion	1.0	
2	8:00	Pool	1.0	
3	6:30	House	0.9	
4	12:42	#56	0.9	
5	9:50	Clubhouse	0.8	
6	9:12	Pavilion	0.9	
7	8:33	Pool	0.9	
8	6:10	House	1.0	
9	2:48	#56	1.0	
10	10:11	Clubhouse	1.1	
11	1:49	Pavilion	1.2	
12	2:10	Pool	0.8	
13	6:50	House	0.9	
14	12:51	#56	1.0	
15	10:29	Clubhouse	1.0	
16	1:30	Pavilion	1.0	
17	10:20	Pool	1.1	
18	7:00	House	1.2	
19	2:14	#56	1.2	
20	12:05	Clubhouse	1.2	
21	1:56	Pavilion	1.1	
22	9:55	Pool	1.1	
23	7:00	House	1.0	
24	1:17	#56	1.0	
25	9:05	Clubhouse	0.9	
26	1:22	Pavilion	0.9	
27	9:50	Pool	1.0	
28	6:56	House	1.0	
29	11:49	#56	1.0	
30	3:17	Clubhouse	0.9	
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><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: <u>Andre Yazdi</u> Title: <u>Owner/Operator</u> Signature: Date: <u>10/01/2024</u>	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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