

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 Oct/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	11:33	Pavilion	0.9	
2	9:12	Pool	0.9	
3	6:55	House	1.0	
4	2:33	#56	1.0	
5	10:20	Clubhouse	1.0	
6	1:50	Pavilion	1.1	
7	10:15	Pool	1.1	
8	7:00	House	1.4	
9	12:05	#56	1.5	
10	2:31	Clubhouse	1.5	
11	10:10	Pavilion	1.5	
12	8:52	Pool	1.4	
13	6:10	House	1.3	
14	2:11	#56	1.3	
15	10:44	Clubhouse	1.2	
16	1:05	Pavilion	1.1	
17	10:22	Pool	1.1	
18	6:22	House	1.1	
19	3:50	#56	1.1	
20	9:38	Clubhouse	1.2	
21	10:00	Pavilion	1.2	
22	9:41	Pool	1.2	
23	6:33	House	1.3	
24	12:31	#56	1.3	
25	11:50	Clubhouse	1.2	
26	1:00	Pavilion	1.2	
27	10:05	Pool	1.1	
28	6:40	House	1.1	
29	12:29	#56	1.0	
30	12:50	Clubhouse	1.0	
31	12:30	Pavilion	1.1	

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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<p>Printed Name: Andre Yazdi</p> <p>Signature: </p> <p>Date: 11/01/2024</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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