

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 Dec/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	11:21	Pavilion	1.9	
2	10:19	Pool	1.9	
3	4:30	House	1.8	
4	12:48	#56	1.8	
5	10:05	Clubhouse	1.7	
6	9:12	Pavilion	1.6	
7	10:29	Pool	1.7	
8	6:40	House	1.7	
9	3:50	#56	1.7	
10	10:45	Clubhouse	1.8	
11	9:56	Pavilion	1.8	
12	9:10	Pool	1.8	
13	9:26	House	1.7	
14	9:45	#56	1.7	
15	10:15	Clubhouse	1.8	
16	11:35	Pavilion	1.7	
17	10:32	Pool	1.7	
18	9:15	House	1.8	
19	8:56	#56	1.7	
20	8:12	Clubhouse	2.0	
21	9:21	Pavilion	2.2	
22	9:03	Pool	2.2	
23	9:35	House	2.2	
24	9:15	#56	2.2	
25	10:29	Clubhouse	2.2	
26	11:50	Pavilion	2.3	
27	10:45	Pool	2.4	
28	6:50	House	2.4	
29	2:10	#56	2.3	
30	9:35	Clubhouse	2.2	
31	1:00	Pavilion	2.2	

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>	

Printed Name: Andre Yazdi Signature: Date: 01/01/2025	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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