

**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 Jan/2025

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	12:58	Pavilion	2.3	
2	10:35	Pool	2.3	
3	7:01	House	2.2	
4	2:14	#56	2.3	
5	12:22	Clubhouse	2.2	
6	1:50	Pavilion	2.1	
7	10:45	Pool	2.1	
8	6:53	House	2.2	
9	12:30	#56	2.3	
10	12:25	Clubhouse	2.4	
11	1:05	Pavilion	2.4	
12	10:36	Pool	2.4	
13	6:40	House	2.5	
14	11:00	#56	2.6	
15	10:54	Clubhouse	2.7	
16	2:10	Pavilion	2.7	
17	10:18	Pool	2.6	
18	6:22	House	2.5	
19	3:29	#56	2.7	
20	11:44	Clubhouse	2.8	
21	11:03	Pavilion	2.9	
22	10:36	Pool	2.9	
23	6:49	House	2.9	
24	12:30	#56	2.8	
25	2:00	Clubhouse	2.8	
26	1:19	Pavilion	2.9	
27	10:46	Pool	2.9	
28	7:00	House	2.2	
29	2:43	#56	2.9	
30	12:10	Clubhouse	2.9	
31	9:22	Pavilion	2.9	

Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ NoIf yes, what was the longest time period until the required level was restored?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or FewerIf yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ NoIf yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

/ /

Printed Name: Andre Yazdi

Title: Owner/Operator

Operator Certification #:

Signature: 

Phone #: (541) 782-1906

OR

Date: 02 / 01 / 2025

Small Groundwater System ☒