

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

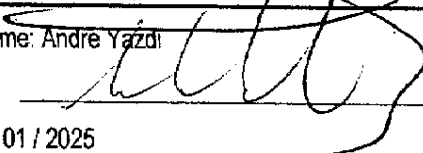
System Name		Casey's Riverside RV Park		PWS ID#	41 01007
Month/Year		Feb/2025		Entry Point:	SRC-AC
				Required Minimum Residual	.72 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:05	Pavilion	2.8	
2	12:14	Pool	2.8	
3	10:30	House	2.8	
4	10:36	#56	2.8	
5	11:10	Clubhouse	2.7	
6	9:18	Pavilion	2.7	
7	12:47	Pool	2.7	
8	11:5	House	2.4	
9	4:20	#56	2.6	
10	12:38	Clubhouse	2.6	
11	9:45	Pavilion	2.6	
12	10:13	Pool	2.6	
13	11:35	House	2.5	
14	9:10	#56	2.5	
15	8:16	Clubhouse	2.5	
16	12:35	Pavilion	2.3	
17	2:13	Pool	2.3	
18	9:15	House	2.3	
19	8:30	#56	2.5	
20	10:22	Clubhouse	2.5	
21	2:54	Pavilion	2.5	
22	9:10	Pool	2.4	
23	6:30	House	2.3	
24	1:44	#56	2.3	
25	10:44	Clubhouse	2.3	
26	11:10	Pavilion	2.2	
27	9:36	Pool	2.2	
28	6:35	House	2.2	
29		#56	2.2	
30		Clubhouse		
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>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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Andre Yazdi Signature:  Date: 03/01/2025	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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