

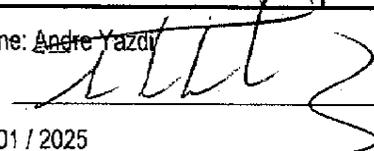
State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name	Casey's Riverside RV Park	PWS ID#	4 1 01007
Month/Year	Mar/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	2:45	Pavilion	2.2	
2	9:52	Pool	2.1	
3	6:00	House	2.0	
4	2:14	#56	1.8	
5	10:27	Clubhouse	1.6	
6	4:10	Pavilion	1.6	
7	9:40	Pool	1.6	
8	6:57	House	1.7	
9	11:19	#56	1.8	
10	2:44	Clubhouse	1.9	
11	5:03	Pavilion	2.0	
12	10:00	Pool	2.2	
13	6:10	House	2.5	
14	11:29	#56	2.5	
15	9:52	Clubhouse	2.4	
16	2:10	Pavilion	2.4	
17	9:18	Pool	2.4	
18	6:56	House	2.5	
19	1:40	#56	2.4	
20	3:53	Clubhouse	2.4	
21	9:54	Pavilion	2.3	
22	9:56	Pool	2.2	
23	1:10	House	2.1	
24	11:1	#56	2.0	
25	4:05	Clubhouse	2.0	
26	2:18	Pavilion	1.9	
27	9:00	Pool	1.9	
28	12:55	House	1.9	
29	9:09	#56	1.8	
30	2:42	Clubhouse	1.7	
31	4:12	Pavilion	1.7	

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 style="text-align: center;">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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
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Printed Name: Andre Yazdy Signature:  Date: 04 / 01 / 2025	Title: Owner/Operator Phone #: (541) 782-1906	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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