

**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 Apr/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	2:14	Pavilion	1.7	
2	1:35	Pool	1.8	
3	10:20	House	1.9	
4	12:26	#56	2.0	
5	10:46	Clubhouse	1.7	
6	11:10	Pavilion	1.5	
7	9:08	Pool	1.2	
8	6:50	House	1.3	
9	12:01	#56	1.3	
10	2:22	Clubhouse	1.4	
11	10:43	Pavilion	1.5	
12	11:00	Pool	1.6	
13	6:30	House	1.6	
14	1:41	#56	1.7	
15	9:08	Clubhouse	1.9	
16	12:33	Pavilion	1.7	
17	10:00	Pool	1.8	
18	6:28	House	1.9	
19	12:09	#56	1.8	
20	10:13	Clubhouse	1.8	
21	1:19	Pavilion	1.8	
22	10:00	Pool	1.8	
23	6:22	House	1.9	
24	2:41	#56	1.9	
25	10:55	Clubhouse	1.6	
26	10:24	Pavilion	1.8	
27	11:12	Pool	1.9	
28	7:00	House	1.8	
29	10:36	#56	1.8	
30	9:20	Clubhouse	1.8	
31		Pavilion		

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 &gt; 4 hours, Drinking Water Program to be

**GWS Serving 3,300 or Fewer**If 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 3,300**Did 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: 05/01/2025

Small Groundwater System ☒