

**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 May/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	1:10	Pavilion	1.8	
2	9:46	Pool	1.8	
3	6:55	House	1.7	
4	3:18	#56	1.7	
5	9:00	Clubhouse	1.8	
6	7:30	Pavilion	1.7	
7	9:45	Pool	2.0	
8	6:30	House	2.0	
9	1:55	#56	1.9	
10	10:20	Clubhouse	1.8	
11	11:55	Pavilion	1.7	
12	10:44	Pool	1.7	
13	6:50	House	1.6	
14	2:00	#56	1.6	
15	9:05	Clubhouse	1.6	
16	10:33	Pavilion	1.5	
17	10:20	Pool	1.5	
18	7:10	House	1.4	
19	11:40	#56	1.5	
20	9:21	Clubhouse	1.4	
21	12:53	Pavilion	1.4	
22	8:19	Pool	1.3	
23	7:05	House	1.3	
24	10:49	#56	1.3	
25	10:00	Clubhouse	1.4	
26	11:55	Pavilion	1.5	
27	9:30	Pool	1.5	
28	10:50	House	1.5	
29	10:45	#56	1.5	
30	2:10	Clubhouse	1.6	
31	9:47	Pavilion	1.5	

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

Signature: 

Date: 06/01/2025

Title: Owner/Operator

Phone #: (541) 782-1906

Operator Certification #:

OR

Small Groundwater System ☒