

**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 Jun/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	10:45	Pavilion	1.6	
2	12:10	Pool	1.6	
3	10:25	House	1.4	
4	2:35	#56	1.4	
5	9:33	Clubhouse	1.4	
6	12:00	Pavilion	1.5	
7	3:45	Pool	1.5	
8	6:30	House	1.5	
9	2:22	#56	1.4	
10	9:00	Clubhouse	1.4	
11	12:41	Pavilion	1.4	
12	11:10	Pool	1.3	
13	10:15	House	1.4	
14	2:57	#56	1.4	
15	9:20	Clubhouse	1.3	
16	1:33	Pavilion	1.3	
17	10:57	Pool	1.3	
18	6:05	House	1.4	
19	12:21	#56	1.4	
20	2:18	Clubhouse	1.4	
21	12:00	Pavilion	1.3	
22	9:19	Pool	1.4	
23	6:15	House	1.4	
24	12:00	#56	1.3	
25	9:56	Clubhouse	1.2	
26	2:14	Pavilion	1.2	
27	9:00	Pool	1.1	
28	6:05	House	1.0	
29	1:32	#56	1.0	
30	10:30	Clubhouse	1.0	
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 > 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: 07/01/2025

Small Groundwater System ☒