

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 Jul/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	10:16	Pavilion	1.1	
2	8:10	Pool	1.3	
3	6:00	House	1.3	6:00
4	2:30	#56	1.5	
5	10:00	Clubhouse	1.5	
6	1:22	Pavilion	1.5	
7	8:00	Pool	1.6	
8	6:10	House	1.7	
9	4:20	#56	1.8	
10	9:52	Clubhouse	1.7	
11	6:10	Pavilion	1.6	
12	1:35	Pool	1.6	
13	2:11	House	1.5	
14	2:20	#56	1.5	
15	8:30	Clubhouse	1.4	
16	8:50	Pavilion	1.8	
17	9:05	Pool	1.8	
18	6:00	House	1.7	
19	12:12	#56	1.8	
20	10:40	Clubhouse	1.7	
21	10:00	Pavilion	1.6	
22	9:15	Pool	1.6	
23	6:10	House	1.5	
24	2:45	#56	1.4	
25	11:18	Clubhouse	1.3	
26	2:00	Pavilion	1.7	
27	8:50	Pool	1.7	
28	6:30	House	1.7	
29	11:00	#56	1.6	
30	10:46	Clubhouse	1.6	
31	9:04	Pavilion	1.6	

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: 08/01/2025

Small Groundwater System ☒