

**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 Sep/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	9:33	Pavilion	1.0	
2	10:02	Pool	1.26	
3	6:55	House	1.2	
4	11:20	#56	1.2	
5	2:33	Clubhouse	1.1	
6	10:45	Pavilion	1.1	
7	9:11	Pool	1.0	
8	7:00	House	1.1	
9	12:09	#56	1.2	
10	12:47	Clubhouse	1.1	
11	2:50	Pavilion	1.2	
12	9:20	Pool	1.2	
13	7:05	House	1.3	
14	12:30	#56	1.2	
15	10:40	Clubhouse	1.2	
16	9:56	Pavilion	1.3	
17	9:00	Pool	2.2	
18	6:53	House	3.0	
19	11:42	#56	2.8	
20	9:33	Clubhouse	2.5	
21	2:50	Pavilion	2.1	
22	9:00	Pool	1.75	
23	7:05	House	1.6	
24	11:00	#56	1.3	
25	10:40	Clubhouse	1.2	
26	3:18	Pavilion	1.1	
27	9:30	Pool	1.0	
28	7:05	House	1.0	
29	10:00	#56	.9	
30	9:02	Clubhouse	.9	
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

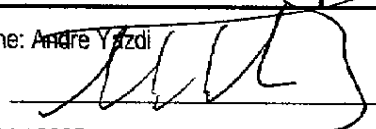
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /
Date it was returned to service:

/ /

Printed Name: Andre Yazdi

Signature: 

Date: 10 / 01 / 2025

Title: Owner/Operator

Phone #: (541) 782-1906

Operator Certification #:

OR

Small Groundwater System ☒