

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 Oct/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	12:30	Pavilion	1.9	
2	1:36	Pool	1.0	
3	7:00	House	1.0	
4	11:00	#56	1.02	
5	9:35	Clubhouse	1.03	
6	11:42	Pavilion	1.05	
7	9:36	Pool	1.1	
8	7:06	House	1.1	
9	11:06	#56	1.00	
10	9:13	Clubhouse	1.00	
11	12:10	Pavilion	1.05	
12	11:40	Pool	1.05	
13	7:00	House	1.00	
14	7:55	#56	1.00	
15	12:22	Clubhouse	1.00	
16	11:03	Pavilion	1.02	
17	10:30	Pool	1.1	
18	9:17	House	1.19	
19	11:00	#56	1.1	
20	9:38	Clubhouse	1.1	
21	2:22	Pavilion	1.2	
22	9:43	Pool	1.1	
23	7:05	House	1.1	
24	2:21	#56	1.0	
25	10:51	Clubhouse	1.2	
26	11:12	Pavilion	1.2	
27		Pool		
28		House		
29		#56		
30		Clubhouse		
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 Yazici

Signature:

Date: 11/01/2025

Title: Owner/Operator

Phone #: (541) 782-1906

Operator Certification #:

OR

Small Groundwater System ☒

December 19, 2012