

**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 Nov/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	9:38	Pavilion	1.2	
2	9:50	Pool	1.2	
3	7:05	House	1.0	
4	11:00	#56	1.0	
5	10:43	Clubhouse	1.1	
6	2:10	Pavilion	1.1	
7	10:30	Pool	1.1	
8	7:10	House	1.0	
9	2:45	#56	1.0	
10	4:52	Clubhouse	.97	
11	3:05	Pavilion	.90	
12	9:14	Pool	.80	
13	7:10	House	.79	
14	1:05	#56	.75	
15	2:17	Clubhouse	.73	
16	11:22	Pavilion	.73	
17	10:04	Pool	.72	
18	6:45	House	.71	
19	3:10	#56	.72	
20	11:44	Clubhouse	.72	
21	11:20	Pavilion	.73	
22	10:00	Pool	.72	
23	8:45	House	.72	
24	13:15	#56	.73	
25	9:25	Clubhouse	.72	
26	11:02	Pavilion	.72	
27	11:26	Pool	.73	
28	10:21	House	.75	
29	11:43	#56	.72	
30	10:23	Clubhouse	.72	
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: 12/01/2025

Small Groundwater System ☒

December 19, 2012