

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

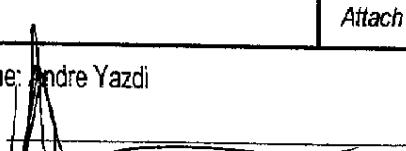
System Name Casey's Riverside RV Park			PWS ID# 41 01007	
Month/Year Nov/2025		Entry Point: SRC-AC	Required Minimum Residual .72 mg/L	
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:38	Pavilion	1.2	
2	9:50	Pool	1.2	
3	7:05	House	1.0	
4	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	9:18	Pool	.80	
13	7:20	House	.75	
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	4:45	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 **.72 mg/L**? Yes No

If yes, what was the longest time period until the required level was restored? **hours** – If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to .72 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.
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Printed Name: **Andre Yazdi**

Signature: 

Date: **12/01/2025**

Title: Owner/Operator

Phone #: (541) 782-1906

Operator Certification #:

OR

Small Groundwater System