

**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 Dec/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	9:15	Pavilion	.72	
2	10:00	Pool	.72	
3	10:21	House	.72	
4	12:16	#56	.73	
5	11:01	Clubhouse	.94	
6	10:15	Pavilion	.93	
7	11:13	Pool	.93	
8	8:45	House	1.05	
9	12:31	#56	1.0	
10	10:42	Clubhouse	1.04	
11	2:00	Pavilion	1.8	
12	10:11	Pool	1.8	
13	7:10	House	1.6	
14	12:26	#56	1.4	
15	11:50	Clubhouse	1.4	
16	9:02	Pavilion	1.4	
17	11:51	Pool	1.4	
18	7:12	House	1.4	
19	9:00	#56	1.3	
20	10:35	Clubhouse	1.12	
21	11:00	Pavilion	1.2	
22	9:32	Pool	1.21	
23	7:12	House	1.2	
24	2:48	#56	1.2	
25	10:00	Clubhouse	1.15	
26	1:26	Pavilion	1.16	
27	9:55	Pool	1.14	
28	6:55	House	1.12	
29	12:44	#56	1.12	
30	10:39	Clubhouse	1.08	
31	10:50	Pavilion	1.07	

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 &gt; 4 hours, Drinking Water Program to be

**GWS Serving 3,300 or Fewer**If 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 3,300**Did 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: 01/01/2026

Title: Owner/Operator

Phone #: (541) 782-1906

Operator Certification #:

OR

Small Groundwater System ☒