

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

System Name	Casey's Riverside RV Park	PWS ID#	4 1 01007
Month/Year	Jan/2026	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	10:47	Pavilion	1.1	
2	10:31	Pool	1.69	
3	9:45	House	1.55	
4	12:14	#56	1.51	
5	1:35	Clubhouse	1.50	
6	11:44	Pavilion	1.49	
7	10:18	Pool	1.70	
8	9:15	House	1.47	
9	10:02	#56	1.41	
10	9:21	Clubhouse	1.40	
11	12:33	Pavilion	1.40	
12	13:40	Pool	1.39	
13	11:37	House	1.35	
14	12:05	#56	1.33	
15	14:10	Clubhouse	1.30	
16	11:29	Pavilion	1.76	
17	10:31	Pool	1.73	
18	10:26	House	1.69	
19	11:14	#56	1.70	
20	12:31	Clubhouse	1.74	
21	10:21	Pavilion	1.79	
22	10:46	Pool	1.82	
23	11:11	House	1.95	
24	12:36	#56	1.99	
25	14:05	Clubhouse	2.14	
26	10:47	Pavilion	2.17	
27	11:01	Pool	1.98	
28	13:40	House	1.51	
29	9:18	#56	1.34	
30	9:30	Clubhouse	1.33	
31	9:26	Pavilion	1.32	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Andre Yazdi	Title: Owner/Operator	Operator Certification #:
Signature:	Phone #: (541) 782-1906	OR
Date: 21 / 01 / 2026		Small Groundwater System <input checked="" type="checkbox"/>