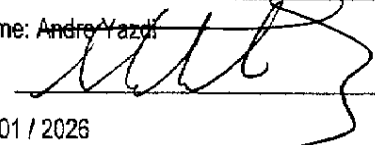


**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name		Casey's Riverside RV Park	PWS ID#	41 01007
Month/Year		Feb/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	9:46	Pavilion	1.32	
2	11:21	Pool	1.36	
3	4:59	House	1.99	
4	1:45	#56	1.75	
5	9:25	Clubhouse	1.70	
6	11:45	Pavilion	1.69	
7	9:37	Pool	1.70	
8	11:15	House	1.75	
9	9:20	#56	1.77	
10	12:41	Clubhouse	1.98	
11	2:11	Pavilion	2.23	
12	10:16	Pool	2.50	
13	10:36	House	2.50	
14	10:45	#56	2.48	
15	9:12	Clubhouse	2.50	
16	12:20	Pavilion	2.4	
17	10:59	Pool	2.3	
18	7:02	House	2.1	
19	1:18	#56	1.9	
20	11:00	Clubhouse	1.9	
21	2:46	Pavilion	1.7	
22	10:40	Pool	1.6	
23	7:10	House	1.5	
24	10:14	#56	1.3	
25	3:55	Clubhouse	1.3	
26	1:00	Pavilion	1.3	
27	11:22	Pool	1.3	
28	7:05	House	1.4	
29	9:05	#56	1.4	
30		Clubhouse		
31		Pavilion		

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 align="center">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: 02/01/2026		Small Groundwater System <input checked="" type="checkbox"/>