

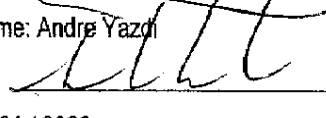
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **Casey's Riverside RV Park** PWS ID# **41 01007**
 Month/Year **Mar/2026** Entry Point: **SRC-AC** Required Minimum Residual  **mg/L**

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|------------------|--|-------|
| 1 | 9:44 | Pavilion | 1.4 | |
| 2 | 10:21 | Pool | 1.4 | |
| 3 | 6:25 | House | 1.45 | |
| 4 | 12:30 | #56 | 1.5 | |
| 5 | 10:00 | Clubhouse | 1.4 | |
| 6 | 2:13 | Pavilion | 1.3 | |
| 7 | 10:50 | Pool | 1.3 | |
| 8 | 7:00 | House | 1.3 | |
| 9 | 1:48 | #56 | 1.3 | |
| 10 | 10:00 | Clubhouse | 1.4 | |
| 11 | 2:26 | Pavilion | 1.4 | |
| 12 | 11:39 | Pool | 1.2 | |
| 13 | 7:05 | House | 1.2 | |
| 14 | 12:20 | #56 | 1.3 | |
| 15 | 12:58 | Clubhouse | 1.3 | |
| 16 | 1:12 | Pavilion | 1.3 | |
| 17 | 9:46 | Pool | 1.2 | |
| 18 | 6:45 | House | 1.2 | |
| 19 | 12:27 | #56 | 1.2 | |
| 20 | 10:43 | Clubhouse | 1.2 | |
| 21 | 2:19 | Pavilion | 1.1 | |
| 22 | 9:53 | Pool | 1.1 | |
| 23 | 6:50 | House | 1.1 | |
| 24 | 2:22 | #56 | 1.2 | |
| 25 | 10:49 | Clubhouse | 1.2 | |
| 26 | 10:20 | Pavilion | 1.1 | |
| 27 | 12:01 | Pool | 1.0 | |
| 28 | 6:50 | House | 1.0 | |
| 29 | 2:14 | #56 | 1.0 | |
| 30 | 10:33 | Clubhouse | 1.0 | |
| 31 | 12:22 | Pavilion | 1.9 | |

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> |

| | | |
|--|--|---|
| Printed Name: Andre Yazou Signature:  Date: 4/01/2026 | Title: Owner/Operator Phone #: (541) 782-1906 | Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/> |
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