

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

System Name ROGUE RIVER PINES PARK PWS ID# 41 01017
 Month/Year 01/21 Entry Point: STORAGE TANK BLDG Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:30 AM	WELL #2	0.5	
2	3:45 PM	WELL #2	0.5	
3	11:10 AM	WELL #2	0.5	
4	3:00 PM	WELL #2	0.4	
5	1:40 PM	WELL #2	0.5	
6	11:50 AM	WELL #2	0.4	
7	10:35 AM	WELL #2	0.5	
8	4:25 PM	WELL #2	0.5	
9	2:30 PM	WELL #2	0.4	
10	1:15 AM	WELL #2	0.5	
11	10:45 AM	WELL #2	0.5	
12	11:20 AM	WELL #2	0.4	
13	2:45 PM	WELL #2	0.4	
14	4:10 PM	WELL #2	0.5	
15	3:40 PM	WELL #2	0.5	
16	2:05 PM	WELL #2	0.4	
17	12:30 PM	WELL #2	0.5	
18	10:45 AM	WELL #2	0.4	
19	11:20 AM	WELL #2	0.4	
20	3:00 PM	WELL #2	0.4	
21	4:15 AM	WELL #2	0.4	
22	3:20 PM	WELL #2	0.5	
23	1:15 PM	WELL #2	0.5	
24	12:00 PM	WELL #2	0.5	
25	3:10 PM	WELL #2	0.6	
26	2:35 PM	WELL #2	0.5	
27	4:40 PM	WELL #2	0.6	
28	3:35 PM	WELL #2	0.4	
29	3:50 AM	WELL #2	0.5	
30	11:20 AM	WELL #2	0.6	
31	11:45 PM	WELL #2	0.5	

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Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

Data Mgmt & Compliance
Drinking Water Program

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>	

Printed Name: ERNEST G PRITCHETT SR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374 OR
 Date: 02/01/21 Small Groundwater System