

**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 03/21 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	11:05AM	WELL #2	0.6	
2	3:50PM	WELL #2	0.6	
3	11:50AM	WELL #2	0.5	
4	2:20PM	WELL #2	0.6	
5	3:50PM	WELL #2	0.5	
6	1:20PM	WELL #2	0.5	
7	4:45PM	WELL #2	0.5	
8	9:35AM	WELL #2	0.4	
9	11:40AM	WELL #2	0.5	
10	3:10PM	WELL #2	0.5	
11	11:45AM	WELL #2	0.6	
12	11:20AM	WELL #2	0.4	
13	2:30PM	WELL #2	0.5	
14	1:15PM	WELL #2	0.4	
15	12:35PM	WELL #2	0.4	
16	11:05AM	WELL #2	0.5	
17	11:45AM	WELL #2	0.6	
18	2:25PM	WELL #2	0.6	
19	11:35AM	WELL #2	0.6	
20	12:40PM	WELL #2	0.6	
21	11:20AM	WELL #2	0.5	
22	12:05PM	WELL #2	0.6	
23	8:25AM	WELL #2	0.5	
24	11:20AM	WELL #2	0.5	
25	1:55PM	WELL #2	0.5	
26	11:50AM	WELL #2	0.5	
27	4:10PM	WELL #2	0.5	
28	12:45PM	WELL #2	0.4	
29	10:35AM	WELL #2	0.5	
30	2:20PM	WELL #2	0.5	
31	3:40PM	WELL #2	0.4	

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Data Mgmt & Compliance  
Drinking Water Program

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

<p><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>

Printed Name: Ernest G Pritchett Sr Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Ernest G Pritchett Sr Phone #: (541) 582-1374 OR  
 Date: 04/10/21 Small Groundwater System