

**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 05 121 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	1:50 PM	WELL #2	0.6	
2	3:35 PM	WELL #2	0.5	
3	5:40 PM	WELL #2	0.5	
4	11:25 PM	WELL #2	0.6	
5	2:20 PM	WELL #2	0.5	
6	4:20 PM	WELL #2	0.5	
7	3:00 PM	WELL #2	0.5	
8	11:45 AM	WELL #2	0.6	
9	11:10 AM	WELL #2	0.5	
10	4:40 PM	WELL #2	0.5	
11	12:20 PM	WELL #2	0.6	
12	4:15 PM	WELL #2	0.5	
13	1:25 PM	WELL #2	0.6	
14	4:55 PM	WELL #2	0.5	
15	2:20 PM	WELL #2	0.5	
16	1:30 PM	WELL #2	0.5	
17	4:10 PM	WELL #2	0.4	
18	3:35 PM	WELL #2	0.5	
19	11:15 AM	WELL #2	0.5	
20	3:50 PM	WELL #2	0.4	
21	1:35 PM	WELL #2	0.5	
22	11:10 AM	WELL #2	0.4	
23	2:20 AM	WELL #2	0.4	
24	12:25 PM	WELL #2	0.4	
25	2:50 PM	WELL #2	0.4	
26	12:25 PM	WELL #2	0.5	
27	4:20 PM	WELL #2	0.4	
28	4:50 PM	WELL #2	0.5	
29	10:15 AM	WELL #2	0.5	
30	12:40 PM	WELL #2	0.4	
31	3:15 PM	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>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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: ERNEST G. PRITCHETT JR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374 OR
 Date: 06103121 Small Groundwater System