

**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 07/21 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	4:00 PM	WELL # 2	0.4	
2	5:55 PM	WELL # 2	0.4	
3	10:25 PM	WELL # 2	0.5	
4	7:40 AM	WELL # 2	0.4	
5	3:45 PM	WELL # 2	0.5	
6	12:30 PM	WELL # 2	0.5	
7	10:25 AM	WELL # 2	0.6	
8	11:15 AM	WELL # 2	0.6	
9	6:05 PM	WELL # 2	0.5	
10	10:15 AM	WELL # 2	0.6	
11	4:15 PM	WELL # 2	0.5	
12	6:40 PM	WELL # 2	0.5	
13	4:35 PM	WELL # 2	0.5	
14	5:20 AM	WELL # 2	0.5	
15	2:40 PM	WELL # 2	0.6	
16	4:15 PM	WELL # 2	0.5	
17	10:20 AM	WELL # 2	0.5	
18	3:50 PM	WELL # 2	0.5	
19	12:35 PM	WELL # 2	0.4	
20	2:20 PM	WELL # 2	0.5	
21	11:15 AM	WELL # 2	0.5	
22	3:40 PM	WELL # 2	0.5	
23	4:55 PM	WELL # 2	0.6	
24	11:20 AM	WELL # 2	0.6	
25	10:15 AM	WELL # 2	0.5	
26	11:35 AM	WELL # 2	0.5	
27	2:40 PM	WELL # 2	0.6	
28	12:30 PM	WELL # 2	0.5	
29	10:35 AM	WELL # 2	0.5	
30	2:20 PM	WELL # 2	0.6	
31	12:40 PM	WELL # 2	0.5	

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: _____</p> <p>Date it was returned to service: _____</p>	

Printed Name: ERNEST G. PRITCHETT JR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 08/10/21 OR Small Groundwater System