

**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 08/21 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	2:10PM	WELL #2	0.5	
2	4:20PM	WELL #2	0.5	
3	11:45AM	WELL #2	0.6	
4	2:50PM	WELL #2	0.5	
5	4:45PM	WELL #2	0.5	
6	12:30PM	WELL #2	0.5	
7	11:15AM	WELL #2	0.6	
8	4:35PM	WELL #2	0.6	
9	12:45PM	WELL #2	0.5	
10	3:50PM	WELL #2	0.5	
11	10:55AM	WELL #2	0.6	
12	4:20PM	WELL #2	0.6	
13	5:35AM	WELL #2	0.5	
14	10:20AM	WELL #2	0.5	
15	12:35PM	WELL #2	0.5	
16	3:15PM	WELL #2	0.5	
17	4:40PM	WELL #2	0.4	
18	2:10PM	WELL #2	0.5	
19	12:50PM	WELL #2	0.7	
20	3:45PM	WELL #2	0.5	
21	11:20PM	WELL #2	0.5	
22	2:40PM	WELL #2	0.5	
23	4:15PM	WELL #2	0.6	
24	3:10PM	WELL #2	0.6	
25	4:35PM	WELL #2	0.5	
26	12:10PM	WELL #2	0.6	
27	2:35PM	WELL #2	0.5	
28	3:40PM	WELL #2	0.6	
29	12:25PM	WELL #2	0.5	
30	3:15PM	WELL #2	0.5	
31	3:35PM	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 SR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 09/10/21

OR
Small Groundwater System