

**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 09 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	3:50 PM	WELL #2	0.5	
2	4:25 PM	WELL #2	0.6	
3	2:15 AM	WELL #2	0.5	
4	10:05 AM	WELL #2	0.5	
5	11:30 AM	WELL #2	0.6	
6	10:50 AM	WELL #2	0.5	
7	12:40 PM	WELL #2	0.5	
8	10:35 AM	WELL #2	0.5	
9	12:10 PM	WELL #2	0.6	
10	4:45 PM	WELL #2	0.6	
11	10:30 AM	WELL #2	0.5	
12	1:25 PM	WELL #2	0.5	
13	11:50 AM	WELL #2	0.5	
14	2:10 PM	WELL #2	0.6	
15	1:35 PM	WELL #2	0.5	
16	12:40 PM	WELL #2	0.5	
17	11:25 AM	WELL #2	0.5	
18	12:45 PM	WELL #2	0.4	
19	11:20 AM	WELL #2	0.5	
20	3:35 PM	WELL #2	0.5	
21	2:00 PM	WELL #2	0.4	
22	1:15 PM	WELL #2	0.5	
23	12:10 PM	WELL #2	0.4	
24	3:15 PM	WELL #2	0.5	
25	1:30 PM	WELL #2	0.5	
26	11:55 AM	WELL #2	0.4	
27	1:40 PM	WELL #2	0.4	
28	3:45 PM	WELL #2	0.6	
29	2:10 PM	WELL #2	0.6	
30	12:30 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

<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 align="center">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>Data continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>

Printed Name: ERNEST G. HEIDHET JR. Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 10/05/21

OR
Small Groundwater System