

**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 12/21 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    | 10:40 AM | WELL #2          | 0.6                                                                        |       |
| 2    | 11:35 AM | WELL #2          | 0.6                                                                        |       |
| 3    | 3:50 PM  | WELL #2          | 0.5                                                                        |       |
| 4    | 11:20 AM | WELL #2          | 0.6                                                                        |       |
| 5    | 1:25 PM  | WELL #2          | 0.5                                                                        |       |
| 6    | 2:20 PM  | WELL #2          | 0.5                                                                        |       |
| 7    | 2:30 PM  | WELL #2          | 0.4                                                                        |       |
| 8    | 10:45 AM | WELL #2          | 0.4                                                                        |       |
| 9    | 11:05 AM | WELL #2          | 0.6                                                                        |       |
| 10   | 3:40 PM  | WELL #2          | 0.6                                                                        |       |
| 11   | 12:52 AM | WELL #2          | 0.5                                                                        |       |
| 12   | 10:15 AM | WELL #2          | 0.6                                                                        |       |
| 13   | 1:25 PM  | WELL #2          | 0.5                                                                        |       |
| 14   | 4:35 PM  | WELL #2          | 0.6                                                                        |       |
| 15   | 10:10 AM | WELL #2          | 0.5                                                                        |       |
| 16   | 11:40 AM | WELL #2          | 0.5                                                                        |       |
| 17   | 4:10 PM  | WELL #2          | 0.5                                                                        |       |
| 18   | 12:25 AM | WELL #2          | 0.5                                                                        |       |
| 19   | 1:10 PM  | WELL #2          | 0.4                                                                        |       |
| 20   | 4:35 PM  | WELL #2          | 0.5                                                                        |       |
| 21   | 10:25 AM | WELL #2          | 0.4                                                                        |       |
| 22   | 10:55 AM | WELL #2          | 0.5                                                                        |       |
| 23   | 9:20 AM  | WELL #2          | 0.5                                                                        |       |
| 24   | 4:15 PM  | WELL #2          | 0.5                                                                        |       |
| 25   | 3:15 PM  | WELL #2          | 0.5                                                                        |       |
| 26   | 11:00 AM | WELL #2          | 0.5                                                                        |       |
| 27   | 1:40 PM  | WELL #2          | 0.5                                                                        |       |
| 28   | 11:50 AM | WELL #2          | 0.5                                                                        |       |
| 29   | 10:10 AM | WELL #2          | 0.4                                                                        |       |
| 30   | 10:45 AM | WELL #2          | 0.5                                                                        |       |
| 31   | 11:05 AM | WELL #2          | 0.4                                                                        |       |

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?<br/> <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?<br/> <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:<br/>         ____/____/____</p> <p>Date it was returned to service:<br/>         ____/____/____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

Printed Name: ERNEST G. FRUCHET JR Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 582-1374  
 Date: 01/03/22 OR  
 Small Groundwater System

COVER SHEET

- TO -

OREGON HEALTH AUTHORITY

DRINKING WATER SERVICE

FAX # - 971-673-0458

FROM

ROGUE RIVER PINES PARK

3855 NORTH RIVER RD

GOLD HILL OR 97525

PWS# 4101017

MONTHLY DISINFECTION REPORT

- CONTACT -

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