

**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 01/22 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	1:50pm	WELL # 2	0.5	
2	2:35pm	WELL # 2	0.5	
3	10:30AM	WELL # 2	0.6	
4	12:55PM	WELL # 2	0.6	
5	3:20pm	WELL # 2	0.5	
6	2:35pm	WELL # 2	0.5	
7	3:45pm	WELL # 2	0.5	
8	2:20pm	WELL # 2	0.5	
9	11:10am	WELL # 2	0.6	
10	3:05pm	WELL # 2	0.5	
11	2:30pm	WELL # 2	0.5	
12	3:40pm	WELL # 2	0.6	
13	1:15pm	WELL # 2	0.5	
14	4:20pm	WELL # 2	0.5	
15	2:00pm	WELL # 2	0.5	
16	12:35pm	WELL # 2	0.5	
17	3:10pm	WELL # 2	0.5	
18	3:55pm	WELL # 2	0.4	
19	2:20pm	WELL # 2	0.5	
20	1:10pm	WELL # 2	0.4	
21	1:35pm	WELL # 2	0.4	
22	2:50pm	WELL # 2	0.5	
23	10:45am	WELL # 2	0.6	
24	1:50pm	WELL # 2	0.5	
25	3:30pm	WELL # 2	0.5	
26	4:15pm	WELL # 2	0.6	
27	2:25pm	WELL # 2	0.6	
28	3:20pm	WELL # 2	0.6	
29	2:50pm	WELL # 2	0.5	
30	12:15pm	WELL # 2	0.6	
31	3:45pm	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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

____/____/____
 Date it was returned to service:

____/____/____

Printed Name: ERNEST G. PRITCHETT Title: OWNER
 Signature: [Signature] Phone #: (541) 582-7374
 Date: 02/03/22

Operator Certification #: _____

OR
 Small Groundwater System