

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name ROCKY RIVER PINES PARK PWS ID# 41 01017
 Month/Year 04/22 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	1:30 PM	WELL # 2	0.5	
2	12:25 PM	WELL # 2	0.5	
3	2:10 PM	WELL # 2	0.4	
4	3:55 PM	WELL # 2	0.4	
5	4:30 PM	WELL # 2	0.5	
6	3:10 PM	WELL # 2	0.5	
7	12:25 PM	WELL # 2	0.4	
8	4:40 PM	WELL # 2	0.5	
9	2:00 PM	WELL # 2	0.5	
10	1:20 PM	WELL # 2	0.6	
11	10:45 AM	WELL # 2	0.5	
12	4:20 PM	WELL # 2	0.5	
13	3:35 PM	WELL # 2	0.5	
14	2:20 PM	WELL # 2	0.5	
15	2:55 PM	WELL # 2	0.4	
16	1:15 AM	WELL # 2	0.5	
17	12:30 PM	WELL # 2	0.4	
18	4:45 PM	WELL # 2	0.4	
19	3:20 PM	WELL # 2	0.5	
20	3:50 PM	WELL # 2	0.5	
21	2:10 PM	WELL # 2	0.5	
22	4:40 PM	WELL # 2	0.4	
23	11:30 AM	WELL # 2	0.4	
24	12:40 PM	WELL # 2	0.5	
25	11:35 AM	WELL # 2	0.5	
26	4:35 PM	WELL # 2	0.5	
27	1:20 AM	WELL # 2	0.6	
28	2:15 PM	WELL # 2	0.5	
29	4:10 AM	WELL # 2	0.5	
30	2:30 PM	WELL # 2	0.4	
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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>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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: ERNEST G. RITCHIE, JR. Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 05/02/22
 OR
 Small Groundwater System

COVER SHEET

-TD-

OREGON HEALTH AUTHORITY
DRINKING WATER SERVICE

FAX # - 971-673-0458

FROM

ROGUE RIVER PINES PARK

3855 NORTH RIVER RD

GOND AILL OR 97525

PWS# 4101017

MONTHLY DISINFECTION REPORT

- CONTACT -

ERNEST PRITCHETT

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