

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

System Name ROOSE RIVER PINES PARK FWS ID# 41 01017
 Month/Year 09 1 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	1:40 AM	WELL #2	0.5	
2	12:25 PM	WELL #2	0.4	
3	10:15 AM	WELL #2	0.5	
4	2:35 PM	WELL #2	0.5	
5	3:55 PM	WELL #2	0.4	
6	4:30 PM	WELL #2	0.4	
7	2:40 PM	WELL #2	0.5	
8	12:00 AM	WELL #2	0.4	
9	12:25 AM	WELL #2	0.5	
10	3:20 AM	WELL #2	0.5	
11	2:05 PM	WELL #2	0.4	
12	11:30 AM	WELL #2	0.4	
13	1:05 PM	WELL #2	0.4	
14	4:40 PM	WELL #2	0.5	
15	2:20 PM	WELL #2	0.5	
16	4:00 PM	WELL #2	0.5	
17	1:55 PM	WELL #2	0.6	
18	3:30 PM	WELL #2	0.6	
19	4:50 PM	WELL #2	0.6	
20	2:10 PM	WELL #2	0.6	
21	3:40 PM	WELL #2	0.5	
22	4:20 PM	WELL #2	0.5	
23	3:00 PM	WELL #2	0.5	
24	3:25 PM	WELL #2	0.6	
25	1:15 PM	WELL #2	0.5	
26	4:45 PM	WELL #2	0.6	
27	2:10 PM	WELL #2	0.5	
28	12:30 PM	WELL #2	0.5	
29	3:35 PM	WELL #2	0.5	
30	2:40 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>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>
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Printed Name: Kevin C. Pritchard Title: OWNER Operator Certification #: _____
 Signature: Kevin C. Pritchard Phone #: (541) 582-1371
 Date: 10/04/22 OR Small Groundwater System