

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

System Name ROOPE RIVER PINES PARK FWS ID# 41 01017
 Month/Year 01/23 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	12:30AM	WELL #2	0.4	
2	2:35AM	WELL #2	0.5	
3	3:40AM	WELL #2	0.4	
4	1:00PM	WELL #2	0.5	
5	4:15PM	WELL #2	0.5	
6	3:20PM	WELL #2	0.4	
7	11:25AM	WELL #2	0.4	
8	2:10AM	WELL #2	0.5	
9	3:35PM	WELL #2	0.5	
10	8:40AM	WELL #2	0.4	
11	11:45AM	WELL #2	0.5	
12	11:20AM	WELL #2	0.5	
13	12:05PM	WELL #2	0.5	
14	11:40AM	WELL #2	0.5	
15	12:50PM	WELL #2	0.4	
16	3:35PM	WELL #2	0.4	
17	3:10PM	WELL #2	0.5	
18	3:50PM	WELL #2	0.5	
19	12:15PM	WELL #2	0.4	
20	12:50PM	WELL #2	0.5	
21	11:25AM	WELL #2	0.5	
22	3:40PM	WELL #2	0.5	
23	2:05PM	WELL #2	0.4	
24	11:45PM	WELL #2	0.4	
25	12:25PM	WELL #2	0.4	
26	12:40PM	WELL #2	0.6	
27	2:50PM	WELL #2	0.5	
28	10:20AM	WELL #2	0.4	
29	12:55PM	WELL #2	0.5	
30	1:15PM	WELL #2	0.4	
31	11:15AM	WELL #2	0.6	

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>

Printed Name: ERNEST G PRITCHETT Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 02/02/23 OR Small Groundwater System