

**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 06/23 Entry Point: STORAGE TANK BIDS 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	1:25 PM	WELL #2	0.5	
2	4:50 PM	WELL #2	0.4	
3	12:10 PM	WELL #2	0.5	
4	2:45 PM	WELL #2	0.5	
5	12:30 PM	WELL #2	0.6	
6	4:15 PM	WELL #2	0.5	
7	3:50 PM	WELL #2	0.6	
8	4:35 PM	WELL #2	0.5	
9	3:20 PM	WELL #2	0.5	
10	1:40 AM	WELL #2	0.5	
11	2:35 PM	WELL #2	0.6	
12	4:10 PM	WELL #2	0.5	
13	2:40 PM	WELL #2	0.5	
14	3:10 PM	WELL #2	0.4	
15	1:25 PM	WELL #2	0.5	
16	3:50 PM	WELL #2	0.5	
17	5:40 PM	WELL #2	0.4	
18	2:00 PM	WELL #2	0.4	
19	3:25 PM	WELL #2	0.5	
20	4:20 PM	WELL #2	0.6	
21	2:50 PM	WELL #2	0.6	
22	11:30 PM	WELL #2	0.5	
23	4:10 PM	WELL #2	0.4	
24	6:55 PM	WELL #2	0.4	
25	1:40 PM	WELL #2	0.5	
26	2:45 PM	WELL #2	0.4	
27	3:20 PM	WELL #2	0.4	
28	4:55 PM	WELL #2	0.5	
29	3:00 PM	WELL #2	0.5	
30	3:45 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: _____</p> <p>Date it was returned to service: _____</p>
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Printed Name: FRANK G PRITCHETT Title: DOWNER Operator Certification #: _____
 Signature: [Signature] Phone #: 541-582-1374 OR
 Date: 07/02/23 Small Groundwater System