

**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 07/23 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	2:20 PM	WELL #2	0.4	
2	1:35 PM	WELL #2	0.4	
3	3:50 PM	WELL #2	0.5	
4	3:00 PM	WELL #2	0.5	
5	4:30 PM	WELL #2	0.4	
6	12:10 PM	WELL #2	0.4	
7	2:40 PM	WELL #2	0.4	
8	1:20 PM	WELL #2	0.5	
9	3:30 PM	WELL #2	0.4	
10	2:10 PM	WELL #2	0.5	
11	5:20 PM	WELL #2	0.5	
12	3:00 PM	WELL #2	0.5	
13	2:45 PM	WELL #2	0.4	
14	1:30 PM	WELL #2	0.4	
15	4:15 PM	WELL #2	0.5	
16	6:50 AM	WELL #2	0.6	
17	12:50 PM	WELL #2	0.5	
18	10:35 AM	WELL #2	0.5	
19	2:20 PM	WELL #2	0.5	
20	10:25 AM	WELL #2	0.5	
21	10:15 AM	WELL #2	0.5	
22	10:50 AM	WELL #2	0.5	
23	1:10 PM	WELL #2	0.5	
24	3:30 PM	WELL #2	0.5	
25	2:05 PM	WELL #2	0.6	
26	12:35 PM	WELL #2	0.5	
27	4:20 PM	WELL #2	0.5	
28	2:55 PM	WELL #2	0.5	
29	2:50 PM	WELL #2	0.4	
30	1:20 PM	WELL #2	0.5	
31	3:10 PM	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

<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. PRUDEN Title: OWNER Operator Certification #: _____
 Signature: Ernest G. Pruden Phone #: (541) 582-1374
 Date: 08/03/23

OR
Small Groundwater System