

**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 08 123 Entry Point: STORAGE TANK BUG 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	3:40 AM	WELL #2	0.5	
2	2:35 PM	WELL #2	0.5	
3	3:10 PM	WELL #2	0.4	
4	4:00 AM	WELL #2	0.4	
5	1:10 PM	WELL #2	0.4	
6	2:15 PM	WELL #2	0.5	
7	11:00 AM	WELL #2	0.4	
8	3:20 PM	WELL #2	0.4	
9	2:35 PM	WELL #2	0.5	
10	2:45 PM	WELL #2	0.5	
11	4:20 PM	WELL #2	0.4	
12	3:45 PM	WELL #2	0.5	
13	12:50 AM	WELL #2	0.4	
14	2:20 PM	WELL #2	0.4	
15	4:40 PM	WELL #2	0.5	
16	3:15 PM	WELL #2	0.4	
17	12:40 PM	WELL #2	0.4	
18	2:10 PM	WELL #2	0.5	
19	10:55 AM	WELL #2	0.5	
20	1:45 PM	WELL #2	0.4	
21	1:45 PM	WELL #2	0.4	
22	11:30 AM	WELL #2	0.4	
23	2:00 PM	WELL #2	0.4	
24	12:50 PM	WELL #2	0.4	
25	4:20 PM	WELL #2	0.4	
26	12:35 PM	WELL #2	0.4	
27	2:40 PM	WELL #2	0.4	
28	4:05 PM	WELL #2	0.4	
29	2:10 PM	WELL #2	0.4	
30	4:45 PM	WELL #2	0.4	
31	1:20 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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. Pritchett Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 582-2374 OR  
 Date: 09/04/23 Small Groundwater System