

**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 10/23 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	11:35 AM	WELL #2	0.5	
2	1:50 PM	WELL #2	0.5	
3	1:55 PM	WELL #2	0.6	
4	3:20 PM	WELL #2	0.5	
5	6:25 PM	WELL #2	0.6	
6	3:05 PM	WELL #2	0.6	
7	11:5 PM	WELL #2	0.5	
8	1:30 PM	WELL #2	0.5	
9	3:40 PM	WELL #2	0.5	
10	3:00 PM	WELL #2	0.5	
11	3:15 PM	WELL #2	0.6	
12	10:35 AM	WELL #2	0.6	
13	1:10 PM	WELL #2	0.5	
14	4:50 PM	WELL #2	0.6	
15	3:35 AM	WELL #2	0.6	
16	5:05 PM	WELL #2	0.6	
17	3:00 PM	WELL #2	0.5	
18	4:10 PM	WELL #2	0.6	
19	12:40 PM	WELL #2	0.5	
20	2:20 PM	WELL #2	0.5	
21	5:40 PM	WELL #2	0.5	
22	1:45 PM	WELL #2	0.6	
23	1:25 PM	WELL #2	0.5	
24	2:15 PM	WELL #2	0.5	
25	2:10 PM	WELL #2	0.5	
26	11:35 AM	WELL #2	0.5	
27	4:20 PM	WELL #2	0.5	
28	1:00 PM	WELL #2	0.5	
29	2:30 PM	WELL #2	0.6	
30	11:5 AM	WELL #2	0.6	
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>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>
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Date continuous monitoring equipment failed: 1/1
 Date it was returned to service: 1/1

Printed Name: ERNEST G. PRITCHETT Title: OWNER
 Signature: Ernest G. Pritchett Phone #: (541) 582-1374
 Date: 11/03/23
 Operator Certification #: _____
 OR
 Small Groundwater System