

**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 02/24 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	2:25 PM	WELL #2	0.5	
2	3:00 PM	WELL #2	0.5	
3	1:05 PM	WELL #2	0.4	
4	11:40 AM	WELL #2	0.5	
5	12:50 PM	WELL #2	0.4	
6	2:25 PM	WELL #2	0.5	
7	2:50 PM	WELL #2	0.4	
8	3:45 PM	WELL #2	0.5	
9	1:15 PM	WELL #2	0.4	
10	11:20 PM	WELL #2	0.4	
11	12:20 PM	WELL #2	0.4	
12	3:40 PM	WELL #2	0.4	
13	1:00 PM	WELL #2	0.5	
14	11:55 AM	WELL #2	0.6	
15	2:10 PM	WELL #2	0.6	
16	3:05 PM	WELL #2	0.5	
17	3:20 PM	WELL #2	0.6	
18	9:50 AM	WELL #2	0.5	
19	11:50 AM	WELL #2	0.5	
20	3:45 PM	WELL #2	0.5	
21	1:40 PM	WELL #2	0.6	
22	3:20 PM	WELL #2	0.6	
23	1:05 PM	WELL #2	0.6	
24	3:35 PM	WELL #2	0.6	
25	2:30 PM	WELL #2	0.6	
26	12:15 PM	WELL #2	0.5	
27	12:40 PM	WELL #2	0.5	
28	11:20 AM	WELL #2	0.6	
29	1:50 PM	WELL #2	0.5	
30				
31				

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: ERNEST G. PRUDHOMME Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374 OR
 Date: 03/01/24 Small Groundwater System