

**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 08/24 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	4:20 PM	WELL #2	0.5	
2	2:50 PM	WELL #2	0.5	
3	11:40 AM	WELL #2	0.10	
4	5:15 PM	WELL #2	0.5	
5	1:30 PM	WELL #2	0.5	
6	4:15 PM	WELL #2	0.5	
7	12:00 PM	WELL #2	0.5	
8	3:40 PM	WELL #2	0.5	
9	12:10 PM	WELL #2	0.10	
10	1:25 PM	WELL #2	0.5	
11	12:30 PM	WELL #2	0.5	
12	12:10 PM	WELL #2	0.4	
13	2:30 PM	WELL #2	0.4	
14	3:20 PM	WELL #2	0.5	
15	12:55 PM	WELL #2	0.4	
16	11:30 AM	WELL #2	0.4	
17	3:55 PM	WELL #2	0.10	
18	1:30 PM	WELL #2	0.10	
19	3:10 PM	WELL #2	0.5	
20	4:20 PM	WELL #2	0.10	
21	1:10 PM	WELL #2	0.5	
22	7:25 PM	WELL #2	0.10	
23	11:20 AM	WELL #2	0.10	
24	12:15 PM	WELL #2	0.5	
25	4:50 PM	WELL #2	0.10	
26	1:40 PM	WELL #2	0.10	
27	10:5 PM	WELL #2	0.5	
28	11:35 PM	WELL #2	0.5	
29	2:55 PM	WELL #2	0.10	
30	11:00 AM	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><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 these 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:                  _____</p> <p>Date it was returned to service:                  _____</p>	

Printed Name: Ernest G. Pritchett Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 582-1374 OR  
 Date: 04/03/24 Small Groundwater System