

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name ROBUE RIVER PINES PARK PWSID# 41 01017
 Month/Year 04 124 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	3:15 PM	WELL #2	0.5	
2	2:30 AM	WELL #2	0.6	
3	10:35 AM	WELL #2	0.6	
4	10:45 AM	WELL #2	0.5	
5	3:50 PM	WELL #2	0.5	
6	2:20 PM	WELL #2	0.5	
7	1:10 PM	WELL #2	0.5	
8	2:40 PM	WELL #2	0.6	
9	4:50 PM	WELL #2	0.5	
10	3:00 PM	WELL #2	0.5	
11	2:25 AM	WELL #2	0.6	
12	4:10 AM	WELL #2	0.6	
13	4:50 AM	WELL #2	0.6	
14	2:45 AM	WELL #2	0.5	
15	1:15 AM	WELL #2	0.5	
16	12:25 PM	WELL #2	0.6	
17	1:45 PM	WELL #2	0.5	
18	5:55 PM	WELL #2	0.5	
19	4:00 PM	WELL #2	0.5	
20	2:50 AM	WELL #2	0.5	
21	1:15 AM	WELL #2	0.6	
22	1:10 PM	WELL #2	0.5	
23	4:25 PM	WELL #2	0.6	
24	11:40 AM	WELL #2	0.6	
25	11:55 AM	WELL #2	0.5	
26	3:00 PM	WELL #2	0.5	
27	2:35 PM	WELL #2	0.5	
28	4:15 PM	WELL #2	0.5	
29	1:20 PM	WELL #2	0.6	
30	2:10 PM	WELL #2	0.6	
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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 these 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: LAWRENCE G. TRISHNETT Title: OWNER
 Signature: [Signature] Phone #: (541) 382-1374
 Date: 05/01/24

Operator Certification #: _____
 OR
 Small Groundwater System