

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

System Name ROGUE RIVER PINES PARK PWS ID# 41 D1017
 Month/Year 05/24 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	10:50 AM	WELL #2	0.6	
2	3:30 PM	WELL #2	0.6	
3	2:10 PM	WELL #2	0.5	
4	4:20 AM	WELL #2	0.5	
5	11:45 AM	WELL #2	0.5	
6	3:25 PM	WELL #2	0.4	
7	2:40 PM	WELL #2	0.4	
8	1:25 PM	WELL #2	0.5	
9	12:20 PM	WELL #2	0.5	
10	4:00 PM	WELL #2	0.5	
11	2:25 PM	WELL #2	0.6	
12	11:10 AM	WELL #2	0.5	
13	1:35 PM	WELL #2	0.6	
14	4:50 PM	WELL #2	0.6	
15	12:50 PM	WELL #2	0.5	
16	12:20 PM	WELL #2	0.5	
17	3:15 PM	WELL #2	0.6	
18	11:40 AM	WELL #2	0.5	
19	12:55 PM	WELL #2	0.5	
20	2:45 PM	WELL #2	0.4	
21	3:40 PM	WELL #2	0.5	
22	1:25 PM	WELL #2	0.5	
23	2:10 AM	WELL #2	0.6	
24	4:50 PM	WELL #2	0.4	
25	1:10 PM	WELL #2	0.5	
26	3:10 PM	WELL #2	0.5	
27	2:20 PM	WELL #2	0.4	
28	11:10 AM	WELL #2	0.5	
29	3:55 PM	WELL #2	0.4	
30	1:25 PM	WELL #2	0.4	
31	2:40 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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name: ERNEST G. PATRICK

Title: OWNER

Operator Certification #:

Signature: Ernest G. Patrick

Phone #: (541) 582-1374

OR

Date: 06/03/24

Small Groundwater System

COVER SHEET

-TO-

OREGON HEALTH AUTHORITY

DRINKING WATER SERVICE

FAX # - 971-673-0458

FROM

ROGUE RIVER PINES PARK

3855 NORTH RIVER RD

GOLD HILL OR 97525

PWS# 4101017

MONTHLY DISINFECTION REPORT

-CONTACT-

ERNEST PRITCHETT

541-582-1374

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