

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

System Name ROGUE RIVER PINES PARK FWS ID# 41 01017

Month/Year 06/24 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	2:10PM	WELL #2	0.5	
2	12:25PM	WELL #2	0.4	
3	3:40PM	WELL #2	0.5	
4	3:15PM	WELL #2	0.5	
5	4:30PM	WELL #2	0.5	
6	2:10AM	WELL #2	0.6	
7	12:25PM	WELL #2	0.6	
8	11:30AM	WELL #2	0.6	
9	12:20PM	WELL #2	0.5	
10	4:50PM	WELL #2	0.6	
11	2:15PM	WELL #2	0.5	
12	3:35PM	WELL #2	0.5	
13	12:00PM	WELL #2	0.6	
14	4:25PM	WELL #2	0.5	
15	1:50PM	WELL #2	0.4	
16	11:20AM	WELL #2	0.4	
17	1:10PM	WELL #2	0.4	
18	3:45PM	WELL #2	0.5	
19	2:30PM	WELL #2	0.4	
20	12:55PM	WELL #2	0.4	
21	3:15PM	WELL #2	0.5	
22	11:30AM	WELL #2	0.5	
23	1:35PM	WELL #2	0.4	
24	5:10PM	WELL #2	0.4	
25	4:20AM	WELL #2	0.5	
26	4:40PM	WELL #2	0.4	
27	2:00PM	WELL #2	0.5	
28	5:25PM	WELL #2	0.4	
29	3:50PM	WELL #2	0.5	
30	12:40AM	WELL #2	0.5	
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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><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 those 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. BRITCHEY Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 582-1374  
 Date: 07/02/24 OR Small Groundwater System