

**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: 07/24 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	2:45 PM	WELL #2	0.4	
2	12:40 PM	WELL #2	0.5	
3	4:15 PM	WELL #2	0.5	
4	2:20 PM	WELL #2	0.5	
5	3:45 PM	WELL #2	0.4	
6	2:30 PM	WELL #2	0.5	
7	12:50 AM	WELL #2	0.5	
8	10:15 AM	WELL #2	0.6	
9	9:20 AM	WELL #2	0.6	
10	11:50 AM	WELL #2	0.5	
11	3:10 PM	WELL #2	0.6	
12	9:30 AM	WELL #2	0.5	
13	1:25 PM	WELL #2	0.5	
14	3:00 PM	WELL #2	0.4	
15	3:45 AM	WELL #2	0.5	
16	10:50 AM	WELL #2	0.5	
17	3:25 PM	WELL #2	0.5	
18	11:40 PM	WELL #2	0.5	
19	2:20 PM	WELL #2	0.4	
20	2:45 PM	WELL #2	0.4	
21	12:00 PM	WELL #2	0.4	
22	9:15 AM	WELL #2	0.5	
23	11:35 AM	WELL #2	0.5	
24	2:10 AM	WELL #2	0.4	
25	3:30 PM	WELL #2	0.5	
26	3:15 PM	WELL #2	0.4	
27	1:45 PM	WELL #2	0.5	
28	2:20 PM	WELL #2	0.5	
29	3:35 PM	WELL #2	0.4	
30	4:45 PM	WELL #2	0.4	
31	3:05 PM	WELL #2	0.4	

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 1,300 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 1,300</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: FRANK PRITCHETT Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374 OR
 Date: 08/02/24 Small Groundwater System