

**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 08 124 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	4:25PM	WEL #2	0.5	
2	4:00PM	WEL #2	0.4	
3	1:05PM	WEL #2	0.5	
4	11:20AM	WEL #2	0.5	
5	12:40PM	WEL #2	0.6	
6	2:30PM	WEL #2	0.5	
7	11:50AM	WEL #2	0.6	
8	4:15PM	WEL #2	0.6	
9	3:10PM	WEL #2	0.5	
10	2:25PM	WEL #2	0.5	
11	12:35PM	WEL #2	0.5	
12	3:40PM	WEL #2	0.6	
13	11:45AM	WEL #2	0.6	
14	11:30AM	WEL #2	0.6	
15	12:35PM	WEL #2	0.6	
16	1:20PM	WEL #2	0.6	
17	3:05PM	WEL #2	0.6	
18	1:40PM	WEL #2	0.5	
19	4:15PM	WEL #2	0.6	
20	2:30PM	WEL #2	0.5	
21	1:00PM	WEL #2	0.5	
22	11:20AM	WEL #2	0.5	
23	11:40AM	WEL #2	0.5	
24	2:50PM	WEL #2	0.6	
25	1:35PM	WEL #2	0.6	
26	10:25AM	WEL #2	0.5	
27	12:45PM	WEL #2	0.5	
28	2:10PM	WEL #2	0.5	
29	2:30PM	WEL #2	0.5	
30	1:40PM	WEL #2	0.4	
31	1:15PM	WEL #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 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 those 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>
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Printed Name: ERNEST G PRITCHARD JR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 382-1374
 Date: 09 123 124 OR Small Groundwater System