

**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 09/24 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 | 5:10 AM | WELL #2 | 0.4 | |
| 2 | 2:40 PM | WELL #2 | 0.4 | |
| 3 | 12:15 PM | WELL #2 | 0.5 | |
| 4 | 10:30 AM | WELL #2 | 0.4 | |
| 5 | 2:00 PM | WELL #2 | 0.5 | |
| 6 | 1:35 PM | WELL #2 | 0.4 | |
| 7 | 11:25 AM | WELL #2 | 0.4 | |
| 8 | 2:10 PM | WELL #2 | 0.5 | |
| 9 | 3:45 PM | WELL #2 | 0.5 | |
| 10 | 1:20 PM | WELL #2 | 0.5 | |
| 11 | 3:00 PM | WELL #2 | 0.4 | |
| 12 | 11:50 AM | WELL #2 | 0.5 | |
| 13 | 1:25 PM | WELL #2 | 0.5 | |
| 14 | 2:45 PM | WELL #2 | 0.4 | |
| 15 | 1:30 PM | WELL #2 | 0.5 | |
| 16 | 1:30 AM | WELL #2 | 0.5 | |
| 17 | 4:15 PM | WELL #2 | 0.6 | |
| 18 | 11:50 AM | WELL #2 | 0.6 | |
| 19 | 2:10 PM | WELL #2 | 0.6 | |
| 20 | 2:25 PM | WELL #2 | 0.5 | |
| 21 | 12:15 PM | WELL #2 | 0.5 | |
| 22 | 3:20 PM | WELL #2 | 0.5 | |
| 23 | 1:30 AM | WELL #2 | 0.5 | |
| 24 | 12:40 AM | WELL #2 | 0.5 | |
| 25 | 1:05 PM | WELL #2 | 0.4 | |
| 26 | 12:35 AM | WELL #2 | 0.5 | |
| 27 | 3:45 PM | WELL #2 | 0.4 | |
| 28 | 2:25 PM | WELL #2 | 0.4 | |
| 29 | 11:50 AM | WELL #2 | 0.4 | |
| 30 | 2:20 PM | WELL #2 | 0.5 | |
| 31 | | | | |

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> |

Printed Name: ERNEST G. TRITCHETT Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374 OR
 Date: 10/01/24 Small Groundwater System