

**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 10/24 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	1:50PM	WELL #2	0.5	
2	3:50PM	WELL #2	0.4	
3	3:20PM	WELL #2	0.4	
4	12:15PM	WELL #2	0.5	
5	12:45PM	WELL #2	0.5	
6	1:40PM	WELL #2	0.5	
7	3:40PM	WELL #2	0.4	
8	2:35PM	WELL #2	0.5	
9	12:50PM	WELL #2	0.5	
10	3:10PM	WELL #2	0.4	
11	4:25PM	WELL #2	0.4	
12	11:30AM	WELL #2	0.5	
13	2:45PM	WELL #2	0.5	
14	2:10PM	WELL #2	0.4	
15	12:35PM	WELL #2	0.5	
16	4:15PM	WELL #2	0.5	
17	2:20PM	WELL #2	0.4	
18	12:55PM	WELL #2	0.4	
19	1:40PM	WELL #2	0.4	
20	11:10AM	WELL #2	0.5	
21	10:20PM	WELL #2	0.5	
22	1:50PM	WELL #2	0.5	
23	2:35PM	WELL #2	0.4	
24	3:10PM	WELL #2	0.5	
25	3:45PM	WELL #2	0.5	
26	11:20AM	WELL #2	0.6	
27	1:25PM	WELL #2	0.6	
28	3:15PM	WELL #2	0.5	
29	4:50PM	WELL #2	0.6	
30	3:25PM	WELL #2	0.5	
31	2:35PM	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

<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. RICHARD SR Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 582-1374
 Date: 11/04/24 Small Groundwater System