

NOVEMBER

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

System Name <u>ROGUE RIVER PINES PARK</u>		PWS ID# <u>41 01017</u>	
Month/Year <u>NOVEMBER 12/24</u>	Entry Point: <u>STORAGE TANK BLDG</u>	Required Minimum Residual <u>0.4</u> mg/L	

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:20 PM	WELL #2	0.5	
2	1:40 PM	WELL #2	0.6	
3	1:15 PM	WELL #2	0.5	
4	3:35 PM	WELL #2	0.5	
5	12:20 PM	WELL #2	0.6	
6	10:45 AM	WELL #2	0.5	
7	12:35 PM	WELL #2	0.6	
8	2:50 PM	WELL #2	0.5	
9	12:40 PM	WELL #2	0.5	
10	1:35 PM	WELL #2	0.4	
11	4:05 PM	WELL #2	0.4	
12	11:00 AM	WELL #2	0.5	
13	2:30 PM	WELL #2	0.4	
14	12:15 PM	WELL #2	0.5	
15	3:45 PM	WELL #2	0.5	
16	1:20 PM	WELL #2	0.4	
17	2:45 PM	WELL #2	0.4	
18	3:15 PM	WELL #2	0.5	
19	2:40 PM	WELL #2	0.4	
20	11:20 AM	WELL #2	0.4	
21	3:50 PM	WELL #2	0.4	
22	11:15 PM	WELL #2	0.4	
23	3:40 PM	WELL #2	0.4	
24	10:20 PM	WELL #2	0.4	
25	1:30 PM	WELL #2	0.4	
26	11:50 AM	WELL #2	0.4	
27	10:45 AM	WELL #2	0.4	
28	1:35 PM	WELL #2	0.4	
29	2:15 PM	WELL #2	0.4	
30	2:45 PM	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

GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to _____ mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.
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Printed Name: <u>ERNEST G. PRITCHETT</u> Title: <u>OWNER</u> Signature: <u>[Signature]</u> Phone #: <u>(541) 582-1374</u> Date: <u>12/02/24</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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