

January

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

System Name Rogue River Pines Park			PWS ID# 4 1 01017	
Month/Year 01/2025		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	12:55pm	Well #2	0.5	
2	1:20pm	Well #2	0.4	
3	1:00pm	Well #2	0.4	
4	3:10pm	Well #2	0.4	
5	1:25pm	Well #2	0.5	
6	4:00pm	Well #2	0.5	
7	12:30pm	Well #2	0.4	
8	1:45pm	Well #2	0.4	
9	11:20am	Well #2	0.5	
10	3:15pm	Well #2	0.4	
11	1:50pm	Well #2	0.4	
12	12:10pm	Well #2	0.4	
13	2:30pm	Well #2	0.5	
14	3:00pm	Well #2	0.4	
15	3:20pm	Well #2	0.5	
16	1:20pm	Well #2	0.5	
17	4:20pm	Well #2	0.5	
18	1:45pm	Well #2	0.5	
19	11:45am	Well #2	0.6	
20	2:35pm	Well #2	0.5	
21	1:50pm	Well #2	0.5	
22	3:55pm	Well #2	0.5	
23	1:15pm	Well #2	0.6	
24	12:30pm	Well #2	0.5	
25	2:20pm	Well #2	0.5	
26	11:35am	Well #2	0.5	
27	1:40pm	Well #2	0.4	
28	12:20pm	Well #2	0.4	
29	11:45am	Well #2	0.5	
30	3:15pm	Well #2	0.4	
31	12:05pm	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?
 notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ 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? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Ernest G Pritchett Jr

Title: Manger

Signature: *Ernest G Pritchett Jr*

Phone #: (541) 324-9391

Date: 02/02/2025

Operator Certification #:

OR

Small Groundwater System ☒

Return by 10th of following month by either email dwp.dmcne@odhsoha.oregon.gov; fax 971-673-0458;
 or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.