

**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 **Feb. /2025**Entry Point: **Storage Tank Bldg**Required Minimum Residual **.4 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:05 pm	Well #2	.4	
2	2:10 pm	Well #2	.5	
3	9:00 pm	Well #2	.5	
4	11:15 am	Well #2	.4	
5	3:05 pm	Well #2	.5	
6	3:35 pm	Well #2	.5	
7	1:30 pm	Well #2	.4	
8	10:45 AM	Well #2	.6	
9	11:30 AM	Well #2	.6	
10	3:05 pm	Well #2	.4	
11	4:35 pm	Well #2	.5	
12	3:00 pm	Well #2	.6	
13	3:20 pm	Well #2	.4	
14	2:45 pm	Well #2	.4	
15	5:45 pm	Well #2	.6	
16	9:00 AM	Well #2	.4	
17	5:00 pm	Well #2	.6	
18	4:15 pm	Well #2	.4	
19	10:00 AM	Well #2	.4	
20	3:20 pm	Well #2	.5	
21	1:00 pm	Well #2	.4	
22	5:00 pm	Well #2	.6	
23	8:30 AM	Well #2	.4	
24	4:15 pm	Well #2	.4	
25	5:20 pm	Well #2	.6	
26	4:40 pm	Well #2	.4	
27	3:55 pm	Well #2	.4	
28	1:30 pm	Well #2	.5	
29		Well #2		
30		Well #2		
31		Well #2		

Was the chlorine residual ever less than the required minimum residual of .4 mg/L? ☐ Yes ☐ NoIf 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 FewerIf 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 3,300Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ NoIf 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

Operator Certification #:

Signature: 

Phone #: (541) 324-9391

OR

Date: 03/01/2025

Small Groundwater System ☒

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

August 22, 2019