

**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 March /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	10:25am	Well #2	.4	
2	9:45am	Well #2	.6	
3	4:05pm	Well #2	.4	
4	10:45am	Well #2	.4	
5	5:00pm	Well #2	.6	
6	3:45pm	Well #2	.6	
7	9:10am	Well #2	.6	
8	12:05pm	Well #2	.4	
9	10:20am	Well #2	.4	
10	4:05pm	Well #2	.4	
11	6:05pm	Space #5 outside water bib	.4	
12	6:30pm	Well #2	.6	
13	3:45pm	Well #2	.6	
14	1:45pm	Well #2	.4	
15	12:25pm	Well #2	.4	
16	10:30am	Well #2	.6	
17	11:30am	Well #2	.6	
18	4:05pm	Well #2	.4	
19	5:30pm	Well #2	.6	
20	10:30am	Space #5 outside water bib	.5	
21	4:15pm	Well #2	.6	
22	5:05pm	Well #2	.6	
23	9:05am	Well #2	.6	
24	4:15pm	Well #2	.4	
25	5:30pm	Well #2	.4	
26	6:05pm	Well #2	.6	
27	4:00pm	Well #2	.6	
28	2:15pm	Well #2	.4	
29	5:15pm	Well #2	.4	
30	10:05am	Well #2	.6	
31	3:45pm	Space #2 outside water bib	.4	

Was the chlorine residual ever less than the required minimum residual of .4 mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </div> <div style="width: 30%;"> <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> </div> </div>
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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