

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

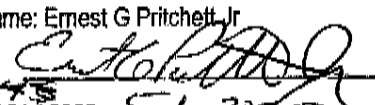
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:35pm	Well #1&#2	.6	
2	4:05pm	Well #1&#2	.4	
3	6:00pm	Well #1&#2	.4	
4	2:15pm	Well #1&#2	.5	
5	9:00am	Well #1&#2	.4	
6	10:30am	Well #1&#2	.4	
7	5:35pm	Well #1&#2	.5	
8	4:30pm	Well #1&#2	.4	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

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><b>GWS Serving 3,300 or Fewer</b></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>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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 as required? <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>
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Printed Name: Ernest G Pritchett, Jr. Signature:  Date: 05/01/2025 5-1-2025	Title: Manger Phone #: (541) 324-9391	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.