

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 **May /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	3:10pm	Well #1	.4	
2	1:35pm	Well #1	.4	
3	4:15pm	Well #1	.5	
4	4:45pm	Well #1	.5	
5	12:15pm	Well #1	.4	
6	11:40am	Well #1	.4	
7	2:20pm	Well #1	.4	
8	3:10pm	Well #1	.5	
9	1:35pm	Well #1	.4	
10	1:50pm	Well #1	.5	
11	10:30am	Well #1	.4	
12	3:30pm	Well #1	.6	
13	5:30pm	Well #1	.6	
14	6:05pm	Well #1	.7	
15	3:45pm	Well #1	.6	
16	4:05pm	Well #1	.5	
17	10:15am	Well #1	.6	
18	12:05pm	Well #1	.6	
19	3:45pm	Well #1	.5	
20	5:05pm	Well #1	.5	
21	4:45pm	Well #1	.6	
22	3:40pm	Well #1	.6	
23	4:00pm	Well #1	.5	
24	11:30am	Well #1	.4	
25	10:05am	Well #1	.5	
26	4:15pm	Well #1	.5	
27	4:45pm	Well #1	.6	
28	5:05pm	Well #1	.6	
29	5:30pm	Well #1	.4	
30	4:15pm	Well #1	.4	
31	10:35am	Well #1	.5	

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