

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

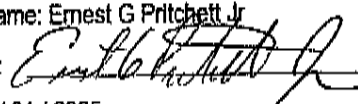
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|---|--|---------------------------------------|--|--|
| System Name Rogue River Pines Park | | | PWS ID# 4 1 01017 | |
| Month/Year June /2025 | | Entry Point: Storage Tank Bldg | Required Minimum Residual .4 mg/L | |

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|---------|------------------|--|-------|
| 1 | 2:55pm | Well #1 | .5 | |
| 2 | 4:05pm | Well #1 | .6 | |
| 3 | 4:35PM | Well #1 | .6 | |
| 4 | 2:30PM | Well #1 | .5 | |
| 5 | 11:10am | Well #1 | .6 | |
| 6 | 4:45pm | Well #1 | .5 | |
| 7 | 2:00pm | Well #1 | .6 | |
| 8 | 11:45am | Well #1 | .5 | |
| 9 | 3:25pm | Well #1 | .6 | |
| 10 | 1:50pm | Well #1 | .6 | |
| 11 | 3:50pm | Well #1 | .5 | |
| 12 | 2:40pm | Well #1 | .5 | |
| 13 | 10:15am | Well #1 | .5 | |
| 14 | 11:40am | Well #1 | .4 | |
| 15 | 1:10pm | Well #1 | .5 | |
| 16 | 4:30pm | Well #1 | .5 | |
| 17 | 5:10pm | Well #1 | .6 | |
| 18 | 5:30pm | Well #1 | .7 | |
| 19 | 4:10pm | Well #1 | .6 | |
| 20 | 3:45pm | Well #1 | .6 | |
| 21 | 12:00pm | Well #1 | .6 | |
| 22 | 10:00am | Well #1 | .5 | |
| 23 | 5:00pm | Well #1 | .8 | |
| 24 | 4:05pm | Well #1 | .7 | |
| 25 | 3:30pm | Well #1 | .6 | |
| 26 | 4:15pm | Well #1 | .5 | |
| 27 | 3:30pm | Well #1 | .6 | |
| 28 | 10:30am | Well #1 | .6 | |
| 29 | 9:15am | Well #1 | .5 | |
| 30 | 3:50pm | Well #1 | .6 | |
| 31 | | | | |

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>Attach those results and submit them with this form.</p> | <p>GWS Serving More Than 3,300</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> |
|--|--|---|

| | | |
|---|--|---|
| Printed Name: Ernest G Pritchett Jr Signature:  Date: 03 / 01 / 2025 | Title: Manger Phone #: (541) 324-9391 | Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/> |
|---|--|---|

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.