


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

GWS Serving 3,300 or Fewer 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 Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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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"/>
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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