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 August 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	1:35pm	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	3:00pm	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	1:05pm	Well #1&#2	.6	
28	3:10pm	Well #1&#2	.6	
29	8:05am	Well #1&#2	.4	
30	12:15pm	Well #1&#2	.5	
31	11:15am	Well #1&#2	.7	

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

If 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

Signature: Ernest G Pritchett Jr Phone #: (541) 324-9391

Date: 09 / 01 / 2025

Operator Certification #:

OR

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.