

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



System Name Rogue River Pines Park

PWS ID# 41 01017

September

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

Operator Certification #:

Signature:

Phone #: (541) 324-9391

OR

Date: 10 / 02 / 2025

Small Groundwater System ☒

Return by 10th of following month by either email dwg.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

Oregon Health Authority
Drinking Water Service
Fax # 971-673-0458

From

Rogue River Pines Park
3855 North River Road
Gold Hill Oregon 97525
PWS # 4101017

Monthly Disinfection Report

-Contact-

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