

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

|   |  |                                       |                         |  |
|---|--|---------------------------------------|-------------------------|--|
| System Name <b>Rogue River Pines Park</b> |  |                                       | PWS ID# <b>41 01017</b> |  |
| Month/Year <b>Oct. /2025</b>              |  | Entry Point: <b>Storage Tank Bldg</b> |                         | Required Minimum Residual <b>.4 mg/L</b> |


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

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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> |
|--|--|

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|---|---|---|
| <p>Printed Name: Ernest G Pritchett Jr.</p> <p>Signature: </p> <p>Date: 11 / 02 / 2025</p> | <p>Title: Manger</p> <p>Phone #: (541) 324-9391</p> | <p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p> |
|---|---|---|

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto: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