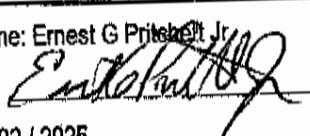


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Rogue River Pines Park			PWS ID# 41 01017	
Month/Year	Oct. /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	2:35pm	Well #1	.6	
2	12:05pm	Well #1	.4	
3	2:00pm	Well #1	.8	
4	2:15pm	Well #1	.5	
5	12:00am	Well #1	.8	
6	11:30am	Well #1	.4	
7	12:35pm	Well #1	.5	
8	1:30pm	Well #1	.4	
9	1:10pm	Well #1	.6	
10	5:30pm	Well #1	.6	
11	4:55pm	Well #1	.5	
12	11:10am	Well #1	.4	
13	10:15am	Well #1	.4	
14	9:00am	Well #1	.5	
15	1:30pm	Well #1	.6	
16	12:05pm	Well #1	.6	
17	1:30pm	Well #1	.4	
18	7:30pm	Well #1	.6	
19	9:30am	Well #1	.5	
20	12:00pm	Well #1	.4	
21	1:35pm	Well #1	.4	
22	1:45pm	Well #1	.6	
23	1:30pm	Well #1	.6	
24	12:10pm	Well #1	.8	
25	11:30am	Well #1	.4	
26	10:35am	Well #1	.5	
27	1:05pm	Well #1	.6	
28	1:10pm	Well #1	.6	
29	2:05pm	Well #1	.4	
30	1:05pm	Well #1	.5	
31	11:15am	Well 1&2	.6	
<p>Was the chlorine residual ever less than the required minimum residual of .4 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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>				
<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>Printed Name: Ernest G Pritchett Jr. Signature:  Date: 11 / 02 / 2025</p>		<p>Title: Manager Phone #: (541) 324-9391</p>	<p>Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/></p>	
<p>Return by 10th of following month by either email dwp.dmc@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.</p>				