

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 **Dec. /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	12:35pm	Well #1	.7	
2	12:05pm	Well #1	.6	
3	4:00pm	Well #1	.8	
4	2:15pm	Well #1	.5	
5	10:00am	Well #1	.8	
6	1:30pm	Well #1	.4	
7	12:35pm	Well #1	.6	
8	11:30am	Well #1	.4	
9	1:10pm	Well #1	.6	
10	1:30pm	Well #1	.4	
11	3:55pm	Well #1	.5	
12	11:30am	Well #1	.4	
13	8:15am	Well #1	.6	
14	11:05am	Well #1	.5	
15	2:30pm	Well #1	.6	
16	12:05pm	Well #1	.5	
17	1:30pm	Well #1	.4	
18	12:30pm	Well #1	.6	
19	11:30am	Well #1	.7	
20	12:00pm	Well #1	.4	
21	2:35pm	Well #1	.4	
22	1:45pm	Well #1	.6	
23	1:30pm	Well #1	.6	
24	10:10am	Well #1	.5	
25	11:30am	Well #1	.4	
26	10:35am	Well #1	.5	
27	3:25pm	Well #1	.6	
28	4:30pm	Well #1	.7	
29	5:05pm	Well #1	.4	
30	1:05pm	Well #1	.5	

Was the chlorine residual ever less than the required minimum residual of .4 mg/L? Yes NoIf 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	GWS Serving More Than 3,300
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.	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.

Printed Name: Ernest G Pritchett, Jr

Title: Manger

Operator Certification #:

Signature:

Phone #: (541) 324-9391

OR

Date: 11/02/2025 12-3-2025

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.