

**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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or FewerIf 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 3,300Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ NoIf 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: 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.