

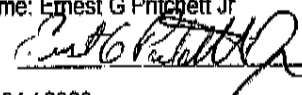
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name		Rogue River Pines Park	PWS ID#	41 01017
Month/Year		FEB. /2026	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	11:30am	Well #1	.5	
2	3:45pm	Well #1	.6	
3	4:15pm	Well #1	.5	
4	4:00pm	Well #1	.6	
5	4:05pm	Well #1	.6	
6	5:00pm	Well #1	.4	
7	9:30am	Well #1	.5	
8	11:35am	Well #1	.6	
9	5:10pm	Well #1	.5	
10	4:45pm	Well #1	.4	
11	3:45pm	Well #1	.4	
12	6:00pm	Well #1	.5	
13	2:30pm	Well #1	.6	
14	9:00am	Well #1	.5	
15	4:00pm	Well #1	.4	
16	10:30am	Well #1	.5	
17	11:15am	Well #1	.6	
18	1:45pm	Well #1	.6	
19	3:45pm	Well #1	.5	
20	5:05pm	Well #1	.5	
21	4:45pm	Well #1	.6	
22	1:45pm	Well #1	.6	
23	2:05pm	Well #1	.5	
24	4:35pm	Well #1	.6	
25	5:30pm	Well #1	.5	
26	2:30pm	Well #1	.4	
27	4:30pm	Well #1	.5	
28	9:30am	Well #1	.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>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><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <table style="width:100%;"> <tr> <td style="width:60%;"> 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Ernest G Pritchett Jr Signature:  Date: 03 / 04 / 2026	Title: Manger Phone #: (541) 324-9391	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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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.