

**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		March 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	10:05am	Well #1&#2	.6	
2	2:15pm	Well #1&#2	.5	
3	1:00pm	Well #1&#2	.5	
4	10:15am	Well #1&#2	.6	
5	1:15pm	Well #1&#2	.5	
6	4:45pm	Well #1&#2	.6	
7	4:05pm	Well #1&#2	.5	
8	6:15pm	Well #1&#2	.4	
9	10:45am	Well #1&#2	.5	
10	3:35pm	Well #1&#2	.5	
11	2:15pm	Well #1&#2	.4	
12	3:00pm	Well #1&#2	.5	
13	11:30am	Well #1&#2	.6	
14	10:45am	Well #1&#2	.5	
15	4:25pm	Well #1&#2	.5	
16	3:07pm	Well #1&#2	.6	
17	2:45pm	Well #1&#2	.5	
18	1:45pm	Well #1&#2	.6	
19	2:00pm	Well #1&#2	.5	
20	11:45am	Well #1&#2	.5	
21	10:45am	Well #1&#2	.5	
22	4:05pm	Well #1&#2	.4	
23	1:10pm	Well #1&#2	.5	
24	3:00pm	Well #1&#2	.4	
25	1:45pm	Well #1&#2	.5	
26	2:20pm	Well #1&#2	.4	
27	1:40pm	Well #1&#2	.4	
28	3:45pm	Well #1&#2	.5	
29	4:00pm	Well #1&#2	.6	
30	6:40pm	Well #1&#2	.5	
31	4:15pm	Well #1&#2	.5	

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>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Ernest G Pritchett, JD Signature:  Date: 04/04/2026	Title: Manger Phone #: (541) 324-9391	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.