

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

System Name **Rogue River Mobile Estates** PWS ID# **41 01067**  
Month/Year **1 1 21** Entry Point: **WTP-A** Required Minimum Residual **mg/L 0.2**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	600		040	
2	630		040	80/6
3	500		040	
4	630		040	
5	700		040	
6	610		040	
7	600		040	
8	800		040	
9	630		040	70/6
10	600		040	
11	630		040	
12	600		040	
13	700		040	
14	530		040	
15	600		040	
16	700		040	
17	615		040	
18	600		040	
19	700		040	
20	610		040	
21	700		040	
22	710		040	
23	630		040	
24	710		040	
25	600		040	
26	700		040	
27	610		040	
28	600		040	
29	530		040	
30	700		040	
31	630		040	

Was the chlorine residual ever less than the required minimum residual of 0.2 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 checked="" 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 checked="" 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 checked="" 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: **CAROL BOETTCHER** Title: **MGR** Operator Certification #: \_\_\_\_\_  
 Signature: *Carol Boettcher* Phone #: **(541) 582-1247** OR  
 Date: **2 11 21** Small Groundwater System

971-673-0458

# FAX COVER SHEET

**FROM;      ROGUE RIVER MOBILE ESTATES**  
**5648 FOOTHILL BLVD**  
**GRANTS PASS, OR 97526**

**CONTACT: CAROL BOETTCHER**

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