

System Name

Rogue River Mobile Estates

PWS ID# 41 01067

Month/Year

2 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	80/6
2	630		040	
3	600		040	
4	615		040	70/6
5	630		040	
6	730		040	
7	800		040	
8	610		040	
9	630		040	
10	600		040	
11	700		040	
12	710		040	
13	600		040	
14	630		040	
15	700		040	
16	610		040	
17	800		040	
18	600		040	
19	730		040	
20	610		040	
21	800		040	
22	600		040	
23	630		040	
24	710		040	
25	600		040	
26	630		040	
27	715		040	
28	800		040	
29				
30				
31				

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>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 checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</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: CAROL BOETTCHER Title: MGR Operator Certification #: _____
 Signature: Carol Boettcher Phone #: 541 582-1247 OR
 Date: 3 11 21 Small Groundwater System

To: DHS Drinking Water Program, PO Box 14350, Portland OR 97295
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FAX COVER SHEET

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