

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 **4 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	7:00		0.40	7/3
2	7:00		0.40	
3	8:00		0.40	
4	9:00		0.40	
5	7:30		0.40	
6	7:30		0.40	
7	6:10		0.40	
8	7:10		0.40	
9	7:30		0.40	
10	8:00		0.40	
11	7:00		0.40	
12	6:30		0.40	
13	7:00		0.40	
14	7:00		0.40	
15	7:30		0.40	
16	8:30		0.40	
17	7:00		0.40	7/3 1/2
18	8:00		0.40	
19	7:30		0.40	
20	6:00		0.40	
21	5:30		0.40	
22	7:30		0.40	
23	7:00		0.40	
24	8:00		0.40	
25	9:30		0.40	
26	7:30		0.40	
27	6:30		0.40	
28	6:10		0.40	
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 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: **4 11 21** Small Groundwater System

cc: DHS Drinking Water Program, PO Box 14350, Portland, OR 97243
 Jan 971-673-0694