

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 **5 121**

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	710		040	
3	730		040	
4	600		040	
5	610		040	
6	730		040	
7	600		040	
8	715		040	
9	830		040	
10	730		040	
11	730		040	7 - 3 1/2
12	600		040	
13	700		040	
14	645		040	
15	630		040	
16	715		040	
17	630		040	
18	710		040	
19	700		040	
20	700		040	
21	730		040	
22	800		040	
23	700		040	
24	900		040	
25	700		040	
26	730		040	
27	015		040	
28	600		040	
29	700		040	
30	730		040	7 - 4
31	600		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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: **CAROL BOETTCHER** Title: **MGR.**

Signature: *Carol Boettcher* Phone #: **(541) 582-1247**

Date: **6/1/21**

Operator Certification #:

OR

Small Groundwater System