

**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 **5 122**

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    | 700  |                  | 0.40   |       |
| 2    | 610  |                  | 0.40   |       |
| 3    | 630  |                  | 0.40   |       |
| 4    | 700  |                  | 0.40   |       |
| 5    | 600  |                  | 0.40   |       |
| 6    | 700  |                  | 0.40   |       |
| 7    | 600  |                  | 0.40   |       |
| 8    | 700  |                  | 0.40   |       |
| 9    | 800  |                  | 0.40   |       |
| 10   | 700  |                  | 0.40   |       |
| 11   | 600  |                  | 0.40   |       |
| 12   | 630  |                  | 0.40   |       |
| 13   | 700  |                  | 0.40   |       |
| 14   | 615  |                  | 0.40   |       |
| 15   | 700  |                  | 0.40   |       |
| 16   | 700  |                  | 0.40   |       |
| 17   | 630  |                  | 0.40   |       |
| 18   | 710  |                  | 0.40   |       |
| 19   | 730  |                  | 0.40   |       |
| 20   | 700  |                  | 0.40   |       |
| 21   | 700  |                  | 0.40   |       |
| 22   | 610  |                  | 0.40   |       |
| 23   | 700  |                  | 0.40   |       |
| 24   | 630  |                  | 0.40   |       |
| 25   | 730  |                  | 0.40   |       |
| 26   | 600  |                  | 0.40   |       |
| 27   | 700  |                  | 0.40   |       |
| 28   | 600  |                  | 0.40   |       |
| 29   | 630  |                  | 0.40   |       |
| 30   | 730  |                  | 0.40   |       |
| 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><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 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> |
|---|--|

Printed Name: **CAROL BOETCHER** Title: \_\_\_\_\_  
 Signature: *Carol Boetcher* Phone #: **541 582-1247**  
 Date: **5 11 122**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

*Feb 971-1213-17458*