

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 2024** 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	800		0.40	
3	600		0.40	
4	530		0.40	
5	700		0.40	
6	800		0.40	
7	600		0.40	
8	700		0.40	
9	500		0.40	
10	700		0.40	
11	630		0.40	
12	700		0.40	
13	600		0.40	
14	600		0.40	
15	630		0.40	
16	500		0.40	
17	800		0.40	
18	730		0.40	
19	500		0.40	
20	800		0.40	
21	600		0.40	
22	800		0.40	
23	600		0.40	
24	500		0.40	
25	600		0.40	
26	600		0.40	
27	600		0.40	
28	700		0.40	
29	700		0.40	
30	630		0.40	
31	730		0.40	

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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: **CAROL BOETTCHER** Title: **mgr.**  
 Signature: *Carol Boettcher* Phone #: **541 582-1247**  
 Date: **2.11.24**

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

701 071-103-1458