State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

MAY 0 6 2024

ystem	Name R	ogue River Mo	obile Estates	PWS ID	o# 41 01067	Certification Drinking Water Ser
onth/	Year 4	124	Entry Point: WTP-A	Required	d Minimum Residual	mg/L 0.2
Date	Time	Source(s) in us	se residual a	free chlorine t entry point to system (mg/L)	Notes	
1	600		6	40		
2	600		0	40		
3	700		0	40		2 60734
4	700		0	40		
5	100		9	40		
6	800		0.	1.111		
7	100			110		
9	700		0.	40		
10	700		1	.40		
11	600		0.	40		
12	700		0.	40		
13	1000		0.	40,		
14	600		01	40		
15	500		0.	40		
16	700		0.4	40		
17	700		04	1(1)		
18	600		0	10	20190	
19	630		0.	40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at a succession
20	800		Oct.	10		
21	706		0:2	18	1000	
22	700		6.9	40		
24	700		CT.	40		
25	701)		0	.40		
26	100		0.4	40		
27	700		0 ~	70.		
28	900		0 0	10		
29	600		0.	40		
30	400		0,4	0		
31						
If ves.	what was the lo	dual ever less than the ongest time period unti t business day.	required minimum residual il the required level was res	tored? hours – <u>If</u>	f > 4 hours, Drinking Wa	ater Program to be
GW	S Serving 3	,300 or Fewer		GWS Serving Mor		
If yes, until th	did you monito ne residual retu	r every four hours rned to / mg/L	Did continuous monitorin reporting month? ☐ Ye	s No	equipme	tinuous monitoring nt failed:
as req	uired?	es No	If yes, were grab sample	s collected every four ho	ours until the	as returned to
Attach	those results	and submit them with	continuous monitoring ed	quipment was returned to	o service as Date it w service:	do returned to
this fo			required? Ye Attach grab sample resu	s		1
	10	DAI RAET	TOHER THE MA	01.	Operator Certific	ation #:
Printe	d Name A	1 1/2 1	CHER Title: Mgv. Phone #:541 582-1247		OR	
Signat	ure: Caro	l Poettch	Phone #:541	1302-1297		1
Date:	F 1	1 24		a real control	Small Groundwa	ter System LX
		40	1 9711-		.,	V