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

JUN 0 7 2024

System	Name 1	Rogue River Mo	obile Estates	PWS ID# 41 0	1067 Certification Drinking Water Se
Month/	Year 5	124	Entry Point: WTP-A	Required Minimum	Residual mg/L 0.2
Date	Time	Source(s) in us	Lowest free chlose residual at entry p distribution system	point to	Notes
1	600		0.40		
2	600		0.40		
3	860		0.40		
4	700		0,40		
5	600		0.40		
6	1000		0:40		
7 8	100		0.40		
9	(000		040		
10	706		0-40		
11	600		0.40		
12	200		0.40		
13	600		040		
14	600		040		
15	700		040		
16	730		9.40	<u> </u>	
17	606		0.40		
18	630		040		
19	000		010		
20	600		6.40		
21	00		126		PASSAGE TO THE TAXABLE PASSAGE TO THE PASSAGE TO TH
23	600		0-40		The same of the sa
24	500		0.40		
25	700		010		
26	700		040		
	900		0.40		
28	500		040		
29	600		040	,	
30	600		0.40		
31	500		040	A/_	
If ves.	what was the	sidual ever less than the longest time period unti ext business day.	required minimum residual of 0.2 il the required level was restored?	mg/L? Yes A No hours – If > 4 hours, I	Orinking Water Program to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300					
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any time this reporting month? Yes No Pate continuous monitoring equipment failed:		
as required? Yes No If we were grab samples collected every four hours until the					1 1
Attach those results and submit them with this form.			continuous monitoring equipment was returned to service as required? Yes No Service:		
			Attach grab sample results and s	upmit tnem with this form.	
Printed Name: CAROL BOETTCHER Title: Mgv - Operator Certification #: Signature: Mol Coettchel Phone #: (541) 582-1247 OR					
Printed	Name:	1 2 A	= h a 1 = 511 58	32-1247	OR .
Signature: And Abellate Phone #: (397) Small Groundwater System					
Date:	611	124			
		40	1 1.11-	113-114.51	9