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

AUG 0 6 2024

ystem Name	Rogue River Me	obile Es	states	PWS ID# 41 0	11067	
onth/Year	97 12024	Entry Point:	WTP-A	Required Minimun	n Residual mg/L 0.2	
Date Time	Source(s) in us	se	Lowest free chlor residual at entry po distribution system (int to	Notes	
1 700			0,40			
2 600			0,40			
3 800			0.40			
4 600			0.40			
5 700			0.40			
6 600			0.40			
7 700		100	0.40			
8 900			0.40			
9 700			040			
10 600			0.40			
11 800		_	0.40			
12 700		-	0.40			
13 800			1 11 1			
			5.11			
15 630	 	_	9140			
17 600		1900	1.40	William Transport		
18 600		EFILO.	0 210		FF State	
19 700	7 7 7 7	24,520.0	0.40		TI, Eparty: - Naurus, reading a children	
20 850	Last - DAME	J. 1992.03	O ito			
21 702			Side		Settings in page 1001	
22 000		7	1111			
23 980			0.40			
24 700			0,40			
25 400			().40			
26 700			040			
27 700			0,40			
28 1000,			0.40			
29 400			0.40			
30 TEX			0.70			
31 600			0.40			
	e longest time period unti		inimum residual of 0.2 med level was restored?		Drinking Water Program to be	
GWS Serving	3,300 or Fewer	00 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			Date continuous monitoring equipment failed:	
	Yes No	If ves we	ere grab samples collected	every four hours until the		
Attach those results and submit them with this form.		continuous monitoring equipment was returned to service as required? \(\subseteq \text{Yes} \subseteq \text{No} \)				
		Attach gr	ab sample results and sub	mit them with this form.		
rinted Name: CA	ROL BUETTCI	HER	Title: Mgv,	Oper	rator Certification #:	
//	U Y Souttope	A.	Phone #:54/ 1582	1247	OR	
ignature: ()			17/ 1/1/2	10 111	A //	