

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

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SEP 04 2024

Certification Drinking Water Services

System Name **Rogue River Mobile Estates**

PWS ID# **41 01067**

Month/Year **8 / 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	7:00		0.40	
2	7:00		0.40	
3	8:00		0.40	
4	7:00		0.40	
5	6:00		0.40	
6	6:00		0.40	
7	6:00		0.40	
8	7:00		0.40	
9	7:00		0.40	
10	7:00		0.40	
11	6:00		0.40	
12	5:00		0.40	
13	7:00		0.40	
14	7:00		0.40	
15	6:00		0.40	
16	8:00		0.40	
17	7:00		0.40	
18	9:00		0.40	
19	6:00		0.40	
20	6:00		0.40	
21	8:00		0.40	
22	7:30		0.40	
23	7:00		0.40	
24	6:00		0.40	
25	7:00		0.40	
26	7:00		0.40	
27	8:00		0.40	
28	6:00		0.40	
29	7:30		0.40	
30	6:00		0.40	
31	9:00		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.

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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<p>Printed Name: CAROL BRETTCHEE Title: _____</p> <p>Signature: <i>Carol Brettschee</i> Phone #: () _____</p> <p>Date: 9/1/2024 541-582-1247</p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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