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

OCT 0 8 2024

stem Name Rogue Riv	er Mobile Es	tates	PWS ID	o# 41 01067 Ce	rtification Drinking Water S
nth/Year 9 1202	24 Point:	WTP-A	Required	d Minimum Residual	mg/L 0.2
ate Time Source	(s) in use	Lowest free ch residual at entry distribution syster	point to	Notes	
500		0.40			
700		6.40			
400		9,40			260
600		7.40			
6 600		040			
7 700		0.40			
800		0.40			
700		0-40			
0 920		1.49,0			
1 800		0140			
2 600		240			
3 600		0.40			
4 700		0.40			
5 700		2110			
6 600		8:40	- A 12 (42 2)		
7 100 8 400		146			
9 660		040	Jan Brant Level		SERVE TO HELL SE
0 600		0.40		THE POPULATION OF THE PARTY.	
1 700		0.40	-0		
2 900		0.40		THE RESERVE	1 11 11 11 11 11
3 700		0.40		1000	
4 600		040			
5 600		0.40			
6 400		0.40			
7 500		0.40			
8 600		0.40			
9 700		0140			
0 600		0170			
31	No and the conditional and	inimum regiduel of 0.	ma/l 2 TVa	s/Mn	
as the chlorine residual ever less yes, what was the longest time pe otified by end of next business da	eriod until the require	ed level was restored?	hours – <u>l</u>	4 hours, Drinking Wa	ter Program to be
GWS Serving 3,300 or Fev		GWS Serving More Than 3,300			
yes, did you monitor every four ho	ours Did contin	nuous monitoring equip	ment fail at any t		tinuous monitoring
ntil the residual returned to	mg/L reporting	month? Yes	40	equipme	nt failed:
s required? Yes No	If yes, we	ere grab samples collec	ted every four ho	ours until the	/
ttach those results and submit the	em with continuor	us monitoring equipmen	nt was returned t	o service as Date it w service:	as returned to
nis form.	required	Yes Yes			
	Attach gr	ab sample results and	submit them with	TUIS TOTTI.	
Maga: 5	24	Title: Ynav		Operator Certific	ation #:
rinted Name: CAROL S	DETICHER		2 (5	OF	
11 11.16				OI.	. ^ /
gnature: (Aral XXX	LICKEL	Phone #:54/ 592	2-1247	Small Groundwa	tor System