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

System Name: **Rogue River Mobile Estates**   PWS ID# 41 **01067**

Month/Year: 11 / 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	700		0.40	
2	700		0.40	
3	600		0.40	
4	700		0.40	
5	600		0.40	
6	700		0.40	
7	900		0.40	
8	900		0.40	
9	700		0.40	
10	600		0.40	
11	600		0.40	
12	900		0.40	
13	700		0.40	
14	700		0.40	
15	630		0.40	
16	700		0.40	
17	800		0.40	
18	700		0.40	
19	700		0.40	
20	700		0.40	
21	800		0.40	
22	900		0.40	
23	600		0.40	
24	700		0.40	
25	700		0.40	
26	600		0.40	
27	800		0.40	
28	600		0.40	
29	700		0.40	
30	600		0.40	
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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.

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 as required? ☐ Yes ☒ No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: CAROL BOETTCHER   Title: MGR
Signature: Carol Boettcher   Phone #: (541) 582-1247
Date: 12 / 1 / 2024

Operator Certification #:
OR
Small Groundwater System ☒