

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

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Certification Drinking Water Services

System Name **Rogue River Mobile Estates** PWS ID# **41 01067**  
Month/Year **02 / 2025** 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	5:00		0.40	
2	5:00		0.40	
3	7:00		0.40	
4	6:00		0.40	
5	5:00		0.40	
6	6:00		0.40	
7	7:00		0.40	
8	6:00		0.40	
9	7:00		0.40	
10	7:00		0.40	
11	8:00		0.40	
12	7:30		0.40	
13	6:00		0.40	
14	7:00		0.40	
15	6:00		0.40	
16	8:00		0.40	
17	6:00		0.40	
18	6:00		0.40	
19	7:00		0.40	
20	8:00		0.40	
21	6:00		0.40	
22	7:00		0.40	
23	6:00		0.40	
24	6:00		0.40	
25	7:00		0.40	
26	6:00		0.40	
27	6:30		0.40	
28	7:00		0.40	
29				
30				
31				

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**

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.

**GWS Serving More Than 3,300**

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: **3/01/2025**

Operator Certification #:

OR

Small Groundwater System ☒

4-1 0-1 1-2 1458