

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

RECEIVED

APR 07 2025

Certification Drinking Water Services

System Name **Rogue River Mobile Estates**

PWS ID# **41 01067**

Month/Year **03 / 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	6:00		0.40	
2	6:00		0.40	
3	7:00		0.40	
4	8:00		0.40	
5	8:00		0.40	
6	6:00		0.40	
7	6:00		0.40	
8	7:00		0.40	
9	6:00		0.40	
10	7:00		0.40	
11	7:00		0.40	
12	7:00		0.40	
13	6:00		0.40	
14	5:00		0.40	
15	6:00		0.40	
16	6:00		0.40	
17	5:00		0.40	
18	6:00		0.40	
19	6:00		0.40	
20	8:00		0.40	
21	6:00		0.40	
22	8:00		0.40	
23	6:00		0.40	
24	6:00		0.40	
25	7:00		0.40	
26	6:00		0.40	
27	7:00		0.40	
28	6:00		0.40	
29	5:00		0.40	
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 **AROL BOETTCHER**

Title: **MGR**

Signature: *Carol Boettcher*

Phone #: **(541) 582-1247**

Operator Certification #:

OR

Small Groundwater System ☒

Date: **4/01/2025**

1.1 3.1 1.12 1458