

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

**RECEIVED**  
MAY 09 2025

Certification Drinking Water Services

System Name **Rogue River Mobile Estates**

PWS ID# **41 01067**

Month/Year **5 125**

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	600		0.40	
2	700		0.40	
3	600		0.40	
4	500		0.40	
5	600		0.40	
6	600		0.40	
7	500		0.40	
8	600		0.40	
9	600		0.40	mail to:
10	700		0.40	Drinking Water Program
11	600		0.40	PO Box 14350
12	500		0.40	Portland OR 97293
13	600		0.40	
14	600		0.40	
15	500		0.40	
16	600		0.40	
17	600		0.40	
18	700		0.40	By 10 <sup>th</sup> of the
19	800		0.40	month
20	600		0.40	
21	600		0.40	fax 971-673-0458
22	700		0.40	
23	600		0.40	
24	700		0.40	
25	700		0.40	
26	500		0.40	
27	600		0.40	
28	500		0.40	
29	600		0.40	
30	600		0.40	
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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**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 #:

**541-291-2236**

Date:

**6/1/25**

Operator Certification #:

OR

Small Groundwater System ☒

971-673-0458