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

RECEIVED

System Name		Rogue River M	lobile E	SID# 41 01067 Value on Drinking Water San			
Month/Year		5 125	Entry Point:	WTP-A	Requ	ired Minimum Residual mg/L 0.2	
Date	Time	Source(s) in	ıse	Lowest free chlor residual at entry po distribution system	int to	Notes	
1	600			0.46			
2	600			0.40			
3	700			0.40			
4	600			0.40			
5	800	-		0.40			
6	600			0.40			
8	900			0.90			
9	ans			0.40		m = 1 + 2	
10	600			(20111)		11 Wat to	
11	600	<u> </u>	1	040		14 Janaking Water for	
12	700		1 .	0.40		I ministering wither I stee	
13	6000		1	6.40		PO SOI 14350	
14	PDO		1	0.40			
15	600		j	0.40		Pontland OR 9729	
	600			0.40			
17	800			0,40			
18 19	600			6.40		434 10" DI ShE	
20	760			6.40		1 , 0	
21	860		-	0.40		month	
22	800			0140		M-1 001 100 01/5	
23	700			0 20		Fay 471-673-045	
24	1000		- 3	8.40		/	
25	960			6.112			
26	700			9:90			
27	700		5	0.40			
28	600			040			
29	600			0.40			
30	1900			140			
31	6000			11:40			
If yes, v	vhat was the	sidual ever less than the clongest time period unti ext business day.	required mi I the require	nimum residual of 0.2 mg d level was restored?		es No if > 4 hours, Drinking Water Program to be	
GW	Serving	3,300 or Fewer	*	GWS Se	rvina Mc	ore Than 3,300	
If yes, o	did you moni residual re	itor every four hours turned to mg/L	rery four hours Did continuous monitoring equipment fail at any reporting month? Yes No				
Attach those results		Yes (X) No s and submit them with				nours until the to service as Date it was returned to	
this for	n.		required? Yes No			service:	
Attach grab-sample results and submit them with this form.							
110.1.16 4				Title: MGR	1021	Operator Certification #:	
Signatu	re: (1)	WE YOUR	2EL Phone #: (54/) 291-2236			OR	
Date:	6.1	125				Small Groundwater System	
		10	1 -	BA1- 1.	73	1458 V	

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