State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

PWS ID# 41 01067 Rogue River Mobile Estates System Name 0712025 Month/Year Required Minimum Residual mg/L 0.2 Date Lowest free chlorine Time Source(s) in use residual at entry point to distribution system (mg/L) Notes 0040 2 3 1,40 4 -40 5 04 6 0.40 8 900 9 046 000 10 040 11 5:40 12 0.40 romam 13 1.40 900 14 0-40 15 900 16 900 17 1.40 18 MADO 0,40 19 000 1),40 20 800 0,40 21 7110 1.40 22 700 140 471-673-0458 23 700 0,40 24 600 25 700 1141 26 700 0.40 27 800 28 500 29 600 1.40 30 loh N 31 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 More Than 3,300 GWS Serving 3,300 or Fewer If yes, did you monitor every four hours Did continuous monitoring equipment fail at any time this Date continuous monitoring until the residual returned to . reporting month? Yes No equipment failed: as required? If yes, were grab samples collected every four hours until the Attach those results and submit them with continuous monitoring equipment was returned to service as Date it was returned to Yes No service: required? this form. Attach grab sample results and submit them with this form. Printed Name: CAROL BOETTCHER Title: CARETAKER Operator Certification #: mul Boettcher Phone #: (541) 291-2236 OR Small Groundwater System