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

PWS ID# 41 01067

System	Name	Rogue River N	Mobile Es	states	PWS	SID# 41 01067 Certification D.
/lonth/	Year 💋	8 12025	Entry Point:	WTP-A	Requi	SID# 41 01067 Cerumcation Drinking I
Date	Time	Source(s) in	use	Lowest free chlori residual at entry poi distribution system (r	int to	Notes
1	600			0:40	<del>- 5 /</del>	
2	700			6.40		
3	700			0.40		
4	800			0.40		
5	600		1	1.40		
6	700			1140		
7	600		3	0.40		
8	600			6.40		,
9	800			0.40		mail to:
0	600			040		0
1	600		3	0.10		Drinking Water Tel
2	500			0,40		
3	000			0.40		PO SOI 14350
4	600			040		
5	700		1	0.40		Yantland OR 9729
6	100			0.40		
7	600		3	0.40		-2 -44 . 1
8	600			0.40		434 10 " DI ThE
9 (	100			0.40		1 , 0
0	700			040		month
1	000			0,40	F -1-1	<u> </u>
2	900		4 4	0.40		Far 971-673-045
3	800			0.40		
4	606			0.40	-	
5	700			0.40		
3 6	100		- 1	0.40		
7	com			0,40		
3	500			0,40		
9	7001			0.40		
	000			0,40		
1	100			0 40		
s the	chlorine resi	dual ever less than the	required mini	mum residual of 0.2 mg/	//2 TY	es ANO
es, w	hat was the l	ongest time period unti	2	_		if > 4 hours, Drinking Water Program to be
SWS	Serving 3	3,300 or Fewer		GWS Ser	ving Mo	re Than 3,300
es. di	d you monito	r every four hours	Did continue	ous monitoring equipment		
	residual retu			onth? Yes No	.a. ac any	equipment failed:
requir		es No	1		very four h	
ach th	ose results	and submit them with		grab samples collected ex monitoring equipment was		
s form		Communication man	required?	Yes No	, ottarriod (	service:
				sample results and submi	it them with	
ited N	lame; (SA)	ROL BOETTO	HER T	ile:CARE TAK	ER	Operator Certification #:
	./ mont	& SOFTON	16/ P	hone #: 54/ 1291-2	236	OR A
natur	I A AVIAJA					
nature e:9	101	2025		0/1 2 11 2		Small Groundwater System