State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

RECEIVED
OCT 03 2025
Certification Drinking Water Services

System Name: Rogue River Mobile Estates PWS ID#: 41 01067

Month/Year: 9 / 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	600		0.40	
2	600		0.40	
3	700		0.40	
4	800		0.40	
5	900		0.40	
6	700		0.40	
7	600		0.40	
8	600		0.40	
9	700		0.40	Mail to:
10	800		0.40	
11	900		0.40	Drinking Water Program
12	600		0.40	
13	600		0.40	PO Box 14350
14	900		0.40	
15	900		0.40	Portland OR 97293
16	700		0.40	
17	700		0.40	
18	800		0.40	By 10th of the
19	700		0.40	
20	600		0.40	month
21	600		0.40	
22	900		0.40	Fax 971-673-0458
23	700		0.40	
24	900		0.40	
25	600		0.40	
26	800		0.40	
27	800		0.40	
28	700		0.40	
29	600		0.40	
30	900		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? 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: CAROL BOETTCHER Title: Mgr

Signature: Carol Boettcher Phone #: 541 291-2236

Date: 10/01/2025

Operator Certification #:

OR

Small Groundwater System ☒

971-673-0458