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NOV 05 2025

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water SystemsCertification Drinking Water Services
System Name

Rogue River Mobile Estates

PWS ID# 41 01067

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1052025
Certification Drinking Water Services

Month/Year	10 / 2025	Entry Point:	WTP-A	Required Minimum Residual mg/L
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	900		0.40	
5	600		0.40	
6	900		0.40	
7	800		0.40	
8	900		0.40	
9	600		0.40	Mail to:
10	800		0.40	Drinking Water Program
11	600		0.40	PO Box 14350
12	800		0.40	
13	700		0.40	Portland OR 97293
14	600		0.40	
15	700		0.40	
16	800		0.40	
17	900		0.40	
18	600		0.40	By 10 th of the
19	600		0.40	month
20	600		0.40	
21	700		0.40	Fax 971-673-0458
22	800		0.40	
23	700		0.40	
24	800		0.40	
25	600		0.40	
26	700		0.40	
27	700		0.40	
28	600		0.40	
29	700		0.40	
30	800		0.40	
31	900		0.40	

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 NoIf 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

Operator Certification #:

Signature: Carol Boettcher

Phone #: 541 291 2236

OR

Date: 11 / 11 2025

Small Groundwater System

101 101-102-1458