

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

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DEC 04 2025

Certification Drinking Water Services

System Name **Rogue River Mobile Estates** PWS ID# **41 01067**
 Month/Year **11 12025** 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	9:00		0.40	
2	7:00		0.40	
3	8:00		0.40	
4	6:00		0.40	
5	8:00		0.40	Mail To:
6	8:00		0.40	Drinking Water
7	9:00		0.40	Program
8	6:00		0.40	
9	6:00		0.40	
10	8:00		0.40	PO Box 14350
11	7:00		0.40	Portland OR
12	8:00		0.40	97293
13	7:00		0.40	
14	8:00		0.40	
15	7:00		0.40	By 10 th of each
16	6:00		0.40	Month
17	6:00		0.40	
18	8:00		0.40	
19	6:00		0.40	
20	7:00		0.40	701 971-673-0958
21	6:00		0.40	
22	7:00		0.40	
23	6:00		0.40	
24	6:00		0.40	
25	5:00		0.40	
26	6:00		0.40	
27	8:00		0.40	Add Chlorine
28	6:00		0.40	
29	6:00		0.40	
30	7:00		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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **CAROL BOETTCHER** Title: **mgr.** Operator Certification #: _____
 Signature: **Carol Boettcher** Phone #: **541-2236-291** OR
 Date: **12 1 01 2025** Small Groundwater System

Feb 971-673-1458