

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

RECEIVED
 JAN 06 2026
 Certification Drinking Water Services

System Name **Rogue River Mobile Estates** PWS ID# **41 01067**
 Month/Year **12 1 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 | 900 | | 0.20 | |
| 3 | 600 | | 0.40 | |
| 4 | 1000 | | 0.40 | |
| 5 | 800 | | 0.40 | |
| 6 | 700 | | 0.40 | |
| 7 | 800 | | 0.40 | |
| 8 | 600 | | 0.40 | |
| 9 | 600 | | 0.40 | |
| 10 | 700 | | 0.40 | |
| 11 | 900 | | 0.40 | |
| 12 | 700 | | 0.40 | |
| 13 | 500 | | 0.40 | |
| 14 | 600 | | 0.40 | |
| 15 | 600 | | 0.40 | |
| 16 | 800 | | 0.40 | |
| 17 | 600 | | 0.40 | |
| 18 | 700 | | 0.40 | |
| 19 | 600 | | 0.40 | |
| 20 | 500 | | 0.40 | |
| 21 | 700 | | 0.40 | |
| 22 | 600 | | 0.40 | |
| 23 | 600 | | 0.40 | |
| 24 | 500 | | 0.40 | |
| 25 | 700 | | 0.40 | |
| 26 | 700 | | 0.40 | |
| 27 | 900 | | 0.40 | |
| 28 | 600 | | 0.40 | |
| 29 | 800 | | 0.40 | |
| 30 | 800 | | 0.40 | |
| 31 | 1000 | | 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.

| | |
|---|--|
| <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> |
|---|--|

Printed Name: **MAROL BOETTCHER** Title: **Mgr.** Operator Certification #: _____
 Signature: *Carol Boettcher* Phone #: **(503) 291-2236** OR
 Date: **11/1/2025** Small Groundwater System

Feb 971-1273-11458