

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

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FEB 04 2026

Certification Drinking Water Services

System Name **Rogue River Mobile Estates**

PWS ID# **41 01067**

Month/Year **1 / 2026**

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	900		0.40	
2	600		0.40	
3	800		0.40	
4	700		0.40	
5	600		0.40	
6	1000		0.40	
7	900		0.40	
8	800		0.40	
9	700		0.40	
10	900		0.40	
11	800		0.40	
12	700		0.40	
13	500		0.40	
14	600		0.40	
15	600		0.40	Drinking Water Program
16	800		0.40	PO Box 14350
17	700		0.40	Portland, OR
18	600		0.40	97293
19	700		0.40	Mail By the 10 th
20	1000		0.40	of the month
21	700		0.40	
22	500		0.40	
23	600		0.40	
24	600		0.40	
25	800		0.40	
26	700		0.40	
27	600		0.40	
28	800		0.40	
29	800		0.40	
30	700		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.

<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>

Printed Name: **MAROL BOETTCHER** File: _____ Operator Certification #: _____
 Signature: *Marol Boettcher* Phone #: **(541) 291 2236** OR
 Date: **2 / 1 / 2026** Small Groundwater System

Feb 971-143-1458