

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

RECEIVED

MAR 05 2026  
 Certification Drinking Water Services

System Name **Rogue River Mobile Estates**

PWS ID# **41 01067**

Month/Year **2 / 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	7:00		0.40	
2	7:00		0.40	
3	6:00		0.40	
4	8:00		0.40	
5	9:00		0.40	
6	7:00		0.40	
7	9:00		0.40	
8	8:00		0.40	
9	6:00		0.40	mat to:
10	8:00		0.40	Drinking Water Program
11	8:00		0.40	PO Box 14350
12	9:00		0.40	Portland OR 97293
13	9:00		0.40	
14	10:00		0.40	
15	7:00		0.40	
16	6:00		0.40	
17	5:00		0.40	
18	8:00		0.40	By 10 <sup>th</sup> of the
19	6:00		0.40	month
20	6:00		0.40	
21	6:00		0.40	
22	5:00		0.40	Fax 971-673-0458
23	6:00		0.40	
24	7:00		0.40	
25	5:00		0.40	
26	6:00		0.40	
27	6:00		0.40	
28	8:00		0.40	
29				
30				
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: **CAROL BOETTCHER** Title: **CARETAKER** Operator Certification #: \_\_\_\_\_  
 Signature: *Carol Boettcher* Phone #: **(541) 291-2236** OR \_\_\_\_\_  
 Date: **3 / 1 / 2026** Small Groundwater System

401 AM - 103 - 1458