

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

System Name **Rogue River Campground**

PWS ID# **4 1 91541**

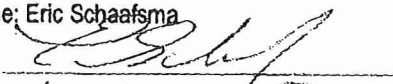
Month/Year **Jan 2021** Entry Point: **A**

Required Minimum Residual **0.30 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:00	Well	0.4	
2	11:00	Well	0.4	
3	11:00	Well	0.4	
4	10:30	Well	0.4	
5	11:00	Well	0.4	
6	11:00	Well	0.4	
7	10:30	Well	0.4	
8	10:30	Well	0.4	
9	10:30	Well	0.5	
10	11:00	Well	0.5	
11	11:00	Well	0.5	
12	11:00	Well	0.5	
13	11:00	Well	0.5	
14	11:00	Well	0.5	
15	11:00	Well	0.5	
16	12:00	Well	0.5	
17	11:00	Well	0.5	
18	10:30	Well	0.5	
19	12:00	Well	0.5	
20	11:00	Well	0.5	
21	11:00	Well	0.5	
22	11:00	Well	0.5	
23	11:00	Well	0.4	
24	11:00	Well	0.4	
25	11:00	Well	0.4	
26	11:00	Well	0.4	
27	11:00	Well	0.5	
28	10:30	Well	0.5	
29	11:00	Well	0.5	
30	11:00	Well	0.4	
31	11:00	Well	0.5	

Was the chlorine residual ever less than the required minimum residual of 0.30 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 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 <i>NA</i></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 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: <b>Eric Schaafsma</b> Signature:  Date: <b>2/4/2021</b>	Title: <b>Operator</b> Phone #: <b>(541)659-0700</b>	Operator Certification #: <b>0-09353</b> OR Small Groundwater System <input type="checkbox"/>
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@dhsosha.state.or.us](mailto:dwp.dmce@dhsosha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

*fixed 2-6-21*  
 August 22, 2019