

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

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| System Name <b>Rogue River Campground</b>          | PWS ID# <b>4 1 91541</b>                   |
| Month/Year <b>March 2021</b> Entry Point: <b>A</b> | Required Minimum Residual <b>0.30 mg/L</b> |

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes         |
|------|------|------------------|--|---------------|
| 1    |      | Well             | 0.4  |               |
| 2    |      | Well             | 0.4  |               |
| 3    |      | Well             | 0.4  |               |
| 4    |      | Well             | 0.4  |               |
| 5    |      | Well             | 0.4  | refilled tank |
| 6    |      | Well             | 0.5  |               |
| 7    |      | Well             | 0.5  |               |
| 8    |      | Well             | 0.5  |               |
| 9    |      | Well             | 0.5  |               |
| 10   |      | Well             | 0.5  |               |
| 11   |      | Well             | 0.5  |               |
| 12   |      | Well             | 0.5  |               |
| 13   |      | Well             | 0.5  |               |
| 14   |      | Well             | 0.5  |               |
| 15   |      | Well             | 0.5  |               |
| 16   |      | Well             | 0.5  |               |
| 17   |      | Well             | 0.5  |               |
| 18   |      | Well             | 0.5  |               |
| 19   |      | Well             | 0.4  |               |
| 20   |      | Well             | 0.5  |               |
| 21   |      | Well             | 0.5  |               |
| 22   |      | Well             | 0.5  |               |
| 23   |      | Well             | 0.5  |               |
| 24   |      | Well             | 1.5  |               |
| 25   |      | Well             | 0.5  |               |
| 26   |      | Well             | 0.5  |               |
| 27   |      | Well             | 0.5  |               |
| 28   |      | Well             | 0.5  |               |
| 29   |      | Well             | 0.5  |               |
| 30   |      | Well             | 0.5  |               |
| 31   |      | 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 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 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: <b>Eric Schaafsma</b> | Title: <b>Operator</b>        | Operator Certification #: <b>0-09353</b>          |
| Signature:                          | Phone #: <b>(541)659-0700</b> | OR  |
| Date: <b>4/06/2021</b>              |                               | Small Groundwater System <input type="checkbox"/> |

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@dhscha.state.or.us](mailto:dwp.dmce@dhscha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.