

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

System Name **Rogue River Campground** PWS ID# **41 91541**  
 Month/Year **Feb / 2022** 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		Well	0.5	
2		Well	0.5	
3		Well	0.6	
4		Well	0.6	
5		Well	0.5	
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	0.4	
14		Well	0.4	
15		Well	0.4	
16		Well	0.4	
17		Well	0.4	
18		Well	0.4	
19		Well	0.4	
20		Well	0.5	
21		Well	0.5	
22		Well	0.5	
23		Well	0.5	
24		Well	0.5	
25		Well	0.5	
26		Well	0.5	
27		Well	0.5	
28		Well	0.5	
29		Well		
30		Well		
31		Well		

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **Eric Schaafsma** Title: **Operator** Operator Certification #: **0-09353**  
 Signature: \_\_\_\_\_ Phone #: **(541)659-0700**  
 Date: **3/01/22** Small Groundwater System

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