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 04 2023 Entry Point: A Pagidinal Of						
Month/Year May 2023 Entry Point: A Required Minimum Residual 0.30 mg/l						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1		Well		0.5		
2		Well		0.5		
3		Well				
4		Well		0,5		
5		Well				
6		Well				
7		Well				
8		Well		0.5		
9		Well				
10		Well		0.5		
11		Well		015		
12		Well		005		
13		Well				
14		Well			_	
15 16		Well Well		A .		
17		Well		0,5		
18		Well		0.5	-	
19		Well		0,5	-	
20		Well				
21		Well				
22		Well		0,5		
23		Well		OF 2		
24		Well		0.0	+	
25		Well		0.5		
26		Well				
27		Well				
28		Well				
29		Well				
30		Well		0.5		
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.						
GWS	S Serving	3,300 or Fewer		GWS Serving I	More Than 3,3	300
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form.			Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:			
			If yes, were grab samples collected every four h continuous monitoring equipment was returned required? Yes No Attach grab sample results and submit them with		ed to service as	/ / Date it was returned to service:
Printed N	lame: Eric So	chaafsma	Title	: Operator	Operator Certification #: D-09353	
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	2.0	. 2027	Phone #: (541) 659-0700		OR	
Date: 6110 17073					Small Gr	oundwater System 🔲