

**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 **Sept 2023**

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		
2		Well		
3		Well		
4		Well		
5		Well	0.5	
6		Well	0.5	
7		Well	0.5	
8		Well		
9		Well		
10		Well		
11		Well	0.5	
12		Well	0.5	
13		Well		
14		Well		
15		Well		
16		Well		
17		Well		
18		Well	0.5	
19		Well	0.5	
20		Well		
21		Well		
22		Well	0.5	
23		Well		
24		Well		
25		Well		
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>GWS Serving 3,300 or Fewer</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 align="center">GWS Serving More Than 3,300</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>
---	--	---

Printed Name: Eric Schaafsma Signature:  Date: 10/2/2023	Title: Operator Phone #: (541) 659-0700	Operator Certification #: D-09353 OR Small Groundwater System <input type="checkbox"/>
---	--	---

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.