

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 **June 2025**

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	9:00	Well-GW	0.5	
2	9:00	Well-GW	0.5	
3	9:00	Well-GW	0.5	
4	9:00	Well-GW	0.5	
5	9:00	Well-GW	0.5	
6	9:00	Well-GW	0.6	
7	9:00	Well-GW	0.5	
8	9:00	Well-GW	0.5	
9	9:00	Well-GW	0.4	
10	9:00	Well-GW	0.4	
11	9:00	Well-GW	0.5	filled CI tank
12	9:00	Well-GW	0.5	
13	9:00	Well-GW	0.5	
14	9:00	Well-GW	0.5	
15	9:00	Well-GW	0.5	
16	9:00	Well-GW	0.5	
17	9:00	Well-GW	0.5	
18	9:00	Well-GW	0.5	
19	9:00	Well-GW	0.5	
20	9:00	Well-GW	0.5	
21	9:00	Well-GW	0.5	
22	9:00	Well-GW	0.4	
23	9:00	Well-GW	0.4	
24	9:00	Well-GW	0.4	
25	9:00	Well-GW	0.5	
26	9:00	Well-GW	0.5	
27	9:00	Well-GW	0.5	
28	9:00	Well-GW	0.5	
29	9:00	Well-GW	0.5	
30	9:00	Well-GW	0.5	
31	9:00	Well-GW	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.

**GWS Serving 3,300 or Fewer**

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.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: **Eric Schaafsma**

Title: **Operator**

Operator Certification #: **D-09353**

Signature: \_\_\_\_\_

Phone #: **(541)659-0700**

OR

Date: **7/6/25**

Small Groundwater System ☐

**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.**

August 22, 2019

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

System Name Rogue River Campground

PWS ID# 41 91541

Month/Year July/2025

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	9:00	Well-GW	0.5	
2	9:00	Well-GW	0.5	
3	9:00	Well-GW	0.5	
4	9:00	Well-GW	0.4	
5	9:00	Well-GW	0.4	
6	9:00	Well-GW	0.4	
7	9:00	Well-GW	0.4	filled CI fan
8	9:00	Well-GW	0.5	
9	9:00	Well-GW	0.5	
10	9:00	Well-GW	0.5	
11	9:00	Well-GW	0.5	
12	9:00	Well-GW	0.5	
13	9:00	Well-GW	0.5	
14	9:00	Well-GW	0.5	
15	9:00	Well-GW	0.5	
16	9:00	Well-GW	0.5	
17	9:00	Well-GW	0.5	
18	9:00	Well-GW	0.5	
19	9:00	Well-GW	0.5	
20	9:00	Well-GW	0.5	
21	9:00	Well-GW	0.5	
22	9:00	Well-GW	0.5	
23	9:00	Well-GW	0.4	
24	9:00	Well-GW	0.4	
25	9:00	Well-GW	0.5	
26	9:00	Well-GW	0.5	
27	9:00	Well-GW	0.5	
28	9:00	Well-GW	0.5	
29	9:00	Well-GW	0.5	
30	9:00	Well-GW	0.5	
31	9:00	Well-GW	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.

**GWS Serving 3,300 or Fewer**

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.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Eric Schaafsma

Title: Operator

Operator Certification #: D-09353

Signature: 

Phone #: (541)659-0700

OR

Date: 8 / 8 / 25

Small Groundwater System ☐

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.

August 22, 2019