## 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 2025 Entry Point: A Required Minimum Residual 0.30 mg/L									
IVIONIN	rear	22025 Entry P	oint: A	Re	quired Minimun	n 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		015					
2	9:00	Well-GW		0,8					
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		06					
7	9:00	Well-GW		0.5					
8	9:00	Well-GW		0.3					
9	9:00	Well-GW		8.4					
10	9:00	Well-GW		0.4					
11	9:00	Well-GW		0.5	fille	d (1- tent			
12	9:00	Well-GW		00	7116				
13	9:00	Well-GW		8.3					
14	9:00	Well-GW		0.5					
15	9:00	Well-GW		05	-				
16	9:00	Well-GW		015					
17	9:00	Well-GW		05					
18	9:00	Well-GW		66					
19	9:00	Well-GW		83					
20	9:00	Well-GW		0					
21	9:00	Well-GW		0,5					
22	9:00	Well-GW		0.4					
23	9:00	Well-GW		64					
24	9:00	Well-GW		(NU					
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		000					
			roquired minimu	m residual of 0.20 mg/l 2.	Ves DNs				
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			Did continuous	monitoring equipment fail at a		Date continuous monitoring			
	e residual ret			n? ☐ Yes ☐ No	equipment failed:				
as required? Yes No  Attach those results and submit them with this form.					ir haure until the	1 1			
			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes No			Date it was returned to			
						service:			
			Attach grab sample results and submit them wit		with this form.	1 1			
Printed Name: Eric Schaafsma			Title: Operator		Operator Certification #: D-09353				
Signature:			Phone #: (541)659-0700		OR				
_		105	1 110	(011)000 0100					
Date:	Date: 7/6/25 Small Groundwater System								

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

## 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 2012/2025 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	9:00	Well-GW		0.8					
2	9:00	Well-GW		05					
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		au					
7	9:00	Well-GW		3.4	Lile	d Cl' far			
8	9:00	Well-GW		15-	1,01716	,			
9	9:00	Well-GW		05					
10	9:00	Well-GW		6.5					
11	9:00	Well-GW		0.5					
12	9:00	Well-GW		25					
13	9:00	Well-GW		RS					
14	9:00	Well-GW		85					
15	9:00	Well-GW		25					
16	9:00	Well-GW		05					
17	9:00	Well-GW		OCT					
18	9:00	Well-GW		05					
19	9:00	Well-GW		25					
20	9:00	Well-GW		65					
21	9:00	Well-GW		000					
22	9:00	Well-GW		88					
23	9:00	Well-GW		NU					
24	9:00	Well-GW		64					
25	9:00	Well-GW		0,5					
26	9:00	Well-GW		85					
27	9:00	Well-GW		0.5					
28	9:00	Well-GW		0.5					
29	9:00	Well-GW		05					
30	9:00	Well-GW		0.5					
31	9:00	Well-GW		Ocs					
			required minimus	n residual of 0.30 mg/l 2.	Ves DNo				
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.									
GW:	S Servina	3,300 or Fewer		GWS Serving I	Nore Than 3.3	300			
	_		Did continuous monitoring equipment fail at any time this			Date continuous monitoring			
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.				i? Yes No	ary arrio ano	equipment failed:			
					ur havira vintil tha				
				b samples collected every fou itoring equipment was returne		Date it was returned to			
			required?	☐ Yes ☐ No	34 15 551 7105 45	service:			
			Attach grab sample results and submit them		with this form.	1 1			
Printed N	Name: Eric S	Sehaafsma		Title: Operator		Operator Certification #: D-09353			
Signatur	a. <b>L</b>			Phone #: (541)659-0700		OR			
	4 0	.25		10 π. (UT 1/000-0700					
Date: 8 / 8 / 25 Small Groundwater System									