

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

System Name Rogue River Campground			PWS ID# 41 91541	
Month/Year <u>Oct</u> 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	0.8	
2	9:00	Well-GW	0.4	
3	9:00	Well-GW	0.4	
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	
8	9:00	Well-GW	0.4	<i>Filled dosage tank</i>
9	9:00	Well-GW	0.5	
10	9:00	Well-GW	0.6	
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	0.6	
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	0.6	
24	9:00	Well-GW	0.6	
25	9:00	Well-GW	0.6	
26	9:00	Well-GW	0.6	
27	9:00	Well-GW	0.5	
28	9:00	Well-GW	0.5	
29	9:00	Well-GW		
30	9:00	Well-GW		
31	9:00	Well-GW		

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 <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>Attach those results and submit them with this form.</p>	GWS Serving More Than 3,300 <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>Attach grab sample results and submit them with this form.</p>
---	---

Printed Name: Eric Schaafsma
Signature: 
Date: 11/12/2025

Title: Operator
Phone #: (541)659-0700

Operator Certification #: D-09353
OR
Small Groundwater System

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