

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

System Name **Rogue River Campground**

PWS ID# **41 91541**

Month/Year **Oct** /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	0.4	
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	filled dosage tank
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	0.6	
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**

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: **11/12/25**

Small Groundwater System ☐

**Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@dhsosha.state.or.us](mailto:dlwp.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