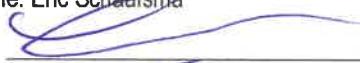


**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name    Rogue River Campground			PWS ID# 41 91541	
Month/Year <u>Nov</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	<u>0.5</u>	
2	9:00	Well-GW	<u>0.5</u>	
3	9:00	Well-GW	<u>0.5</u>	
4	9:00	Well-GW	<u>0.5</u>	
5	9:00	Well-GW	<u>0.5</u>	
6	9:00	Well-GW	<u>0.5</u>	
7	9:00	Well-GW	<u>0.5</u>	
8	9:00	Well-GW	<u>0.5</u>	
9	9:00	Well-GW	<u>0.5</u>	
10	9:00	Well-GW	<u>0.5</u>	
11	9:00	Well-GW	<u>0.5</u>	
12	9:00	Well-GW	<u>0.5</u>	refilled Dose tank
13	9:00	Well-GW	<u>0.5</u>	
14	9:00	Well-GW	<u>0.5</u>	
15	9:00	Well-GW	<u>0.5</u>	
16	9:00	Well-GW	<u>0.5</u>	
17	9:00	Well-GW	<u>0.5</u>	
18	9:00	Well-GW	<u>0.5</u>	
19	9:00	Well-GW	<u>0.5</u>	
20	9:00	Well-GW	<u>0.5</u>	
21	9:00	Well-GW	<u>0.5</u>	
22	9:00	Well-GW	<u>0.5</u>	
23	9:00	Well-GW	<u>0.5</u>	
24	9:00	Well-GW	<u>0.5</u>	
25	9:00	Well-GW	<u>0.5</u>	
26	9:00	Well-GW	<u>0.5</u>	
27	9:00	Well-GW	<u>0.5</u>	
28	9:00	Well-GW	<u>0.5</u>	
29	9:00	Well-GW	<u>0.5</u>	
30	9:00	Well-GW	<u>0.5</u>	
31	9:00	Well-GW	<u>0.5</u>	
<p>Was the chlorine residual ever less than the required minimum residual of 0.30 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the longest time period until the required level was restored? _____ hours – If &gt; 4 hours, Drinking Water Program to be notified by end of next business day.</p>				
<b>GWS Serving 3,300 or Fewer</b> <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>		<b>GWS Serving More Than 3,300</b> <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>		<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
Printed Name: Eric Schaafsma Signature:  Date: <u>12/02/25</u>		Title: Operator Phone #: (541)659-0700		Operator Certification #: D-09353 OR Small Groundwater System <input type="checkbox"/>
<p>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.</p>				