

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

System Name **Rogue River Campground**

PWS ID# **41 91541**

Month/Year **Feb** /2026 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	Post Chlorination	0.5	
2	9:00	Post Chlorination	0.5	
3	9:00	Post Chlorination	0.5	
4	9:00	Post Chlorination	0.3	
5	9:00	Post Chlorination	0.5	
6	9:00	Post Chlorination	0.5	
7	9:00	Post Chlorination	0.5	
8	9:00	Post Chlorination	0.5	
9	9:00	Post Chlorination	0.5	
10	9:00	Post Chlorination	0.5	
11	9:00	Post Chlorination	0.5	
12	9:00	Post Chlorination	0.5	
13	9:00	Post Chlorination	0.5	
14	9:00	Post Chlorination	0.5	
15	9:00	Post Chlorination	0.5	
16	9:00	Post Chlorination	0.5	
17	9:00	Post Chlorination	0.5	
18	9:00	Post Chlorination	0.5	
19	9:00	Post Chlorination	0.5	
20	9:00	Post Chlorination	0.5	
21	9:00	Post Chlorination	0.5	
22	9:00	Post Chlorination	0.5	
23	9:00	Post Chlorination	0.5	
24	9:00	Post Chlorination	0.5	
25	9:00	Post Chlorination	0.5	
26	9:00	Post Chlorination	0.5	
27	9:00	Post Chlorination	0.5	
28	9:00	Post Chlorination	0.5	
29	9:00	Post Chlorination		
30	9:00	Post Chlorination		
31	9:00	Post Chlorination		

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <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><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <u>Eric Schaafsma</u>	Title: Operator	Operator Certification #: D-09353
Signature:	Phone #: (541) 659-0700	OR
Date: <u>3/7/26</u>		Small Groundwater System <input type="checkbox"/>

**Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@state.or.us](mailto:dlwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**