

State of Oregon Drinking Water Program
Monthly Disinfection Report

PWS ID# 41 95210

System Name Rice Hill RV Park 541-513-6883

Month/Year 01/21 Entry Point: EP 1

Required Minimum Residual 0.5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:00	well #1	1.2	DLW
2	10:00		1.1	DLW
3	10:06		1.1	DLW
4	10:00		1.2	DLW
5	10:00		1.2	DLW
6	10:00		1.1	DLW
7	10:00		1.2	DLW
8	10:00		1.1	DLW
9	10:00		1.2	JR
10	10:00		1.2	JR
11	10:30		1.2	JR
12	10:00		1.2	JR
13	10:00		1.3	DLW
14	10:00		1.4	DLW
15	10:00		1.4	JR
16	10:30		1.4	JR
17	10:00		1.2	JR
18	10:36		1.1	JR
19	10:00		1.3	DLW
20	10:00		1.3	DLW
21	10:00		1.2	DLW
22	10:00		1.1	DLW
23	10:10		1.1	JR
24	10:00		1.2	DLW
25	10:00		1.2	DLW
26	10:00		1.1	DLW
27	10:00		1.1	DLW
28	10:00		1.2	DLW
29	10:00		1.7	JR
30	10:00		1.1	JR
31	10:00		1.2	JR

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>GWS Serving 3,300 or Fewer</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>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fall 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>	

<p>Printed Name: Steve Scott (or Tami Allen)</p> <p>Signature: _____</p> <p>Date: / /</p>	<p>Title: _____</p> <p>Phone #: (541) 337-9635</p>	<p>Operator Certification #: n/a</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
---	--	--

Received Time Feb. 1, 2021 10:21 AM No. 6751