

State of Oregon Drinking Water Program
Monthly Disinfection Report for Groundwater

Received Time Jul. 1, 2021 at 2:12 PM No. 7546

System Name **Rice Hill RV Park 541-513-6883**

PWS ID# **4 1 95210**

Month/Year **6 / 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	20:00	well #1	1.1	DLW
2	20:00		1.2	DLW
3	10:00		1.2	DLW
4	10:00		1.3	DLW
5	10:00		1.1	DLW
6	10:00		1.0	DLW
7	10:00		1.1	DLW
8	10:00		1.2	DLW
9	10:00		1.2	DLW
10	10:00		1.2	DLW
11	10:00		1.1	DLW
12	10:00		1.2	DLW
13	10:00		1.1	DLW
14	10:00		1.1	DLW
15	10:00		1.2	DLW
16	10:00		1.1	DLW
17	10:00		1.0	DLW
18	10:00		1.2	DLW
19	10:00		1.2	DLW
20	10:00		1.1	DLW
21	10:00		1.2	DLW
22	9:30		1.1	DLW
23	10:00		1.1	DLW
24	10:00		1.1	DLW
25	10:00		1.0	DLW
26	10:00		1.1	DLW
27	10:00		1.1	DLW
28	10:00		1.2	DLW
29	10:00		1.1	DLW
30	10:00		1.1	DLW
31				R

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.

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: Steve Scott (or Tami Allen)

Title:

Operator Certification #: n/a

Signature: _____

Phone #: (541) 337-9635

OR

Date: 1 / 1

Small Groundwater System