

System Name **Rice Hill RV Park 541-513-6883** PWS ID# **41 95210**
 Month/Year **09 / 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	1.1	DLW
2	10:00		1.1	DLW
3	10:00		1.0	DLW
4	10:00		1.2	DLW
5	10:00		1.1	DLW
6	10:00		1.0	DLW
7	10:00		1.2	DLW
8	10:00		1.1	DLW
9	10:00		1.1	DLW
10	10:00		1.0	DLW
11	10:00		1.2	DLW
12	10:00		1.0	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		1.1	DLW
18	10:00		1.0	DLW
19	10:00		1.1	DLW
20	10:00		1.1	DLW
21	10:00		1.0	DLW
22	10:00		1.0	DLW
23	10:00		1.1	DLW
24	10:00		1.1	DLW
25	10:00		1.2	DLW
26	10:00		1.1	DLW
27	10:00		1.0	DLW
28	10:00		1.0	DLW
29	10:00		1.0	DLW
30	10:00		1.1	DLW
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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 style="text-align: center;">GWS Serving More Than 3,300</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>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>
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Printed Name: Steve Scott (or Tami Allen) Signature: _____ Date: / /	Title: _____ Phone #: (541) 337-9635	Operator Certification #: n/a OR Small Groundwater System <input checked="" type="checkbox"/>
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