

System Name **Rice Hill RV Park 541-513-6883** PWS ID# **4 1 95210**
 Month/Year **12 / 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			1.1	DLW
3			1.2	DLW
4			1.0	DLW
5			1.1	DLW
6			1.1	DLW
7			1.1	DLW
8			1.0	DLW
9			1.2	DLW
10			1.2	DLW
11			1.1	DLW
12			1.1	DLW
13			1.0	DLW
14			1.1	DLW
15			1.1	DLW
16			1.1	DLW
17			1.1	DLW
18			1.2	DLW
19			1.2	DLW
20			1.1	DLW
21			1.1	DLW
22			1.1	DLW
23			1.1	DLW
24			1.0	DLW
25			1.0	DLW
26			1.1	DLW
27			1.2	DLW
28			1.2	DLW
29			1.1	DLW
30			1.1	DLW
31			1.1	DLW

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12-3-21

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 fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: **Steve Scott (or Tami Allen)** Title: _____ Operator Certification #: **n/a**
 Signature: _____ Phone #: **(541) 337-9635** OR
 Date: **/ /** Small Groundwater System

Rice Hill RV Park LLC
Oakland, OR 97462
Phone: 541-849-2335

Rice Hill RV Park

Fax

To: STATE **From:** Tami Allen
Fax: 971-673-0694 **Pages:** 2
Phone: **Date:**
Re: WATER TEST **CC:**

- Urgent For Review Please Reply

● **Comments:**

