

Received Time Feb. 2, 2022 11:57 AM No. 8250

State of Oregon Drinking Water Program
Monthly Disinfection Report for Groundwater

System Name **Rice Hill RV Park 541-513-6883** PWS ID# **41 95210**
 Month/Year **01/22** 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 | 6.1 | DLW |
| 2 | 10:00 | | 1.1 | DLW |
| 3 | 10:00 | | 1.1 | DLW |
| 4 | 10:00 | | 1.0 | DLW |
| 5 | 10:00 | | 1.0 | DLW |
| 6 | 10:00 | | 1.1 | DLW |
| 7 | 10:00 | | 1.1 | DLW |
| 8 | 10:00 | | 1.1 | DLW |
| 9 | 10:00 | | 1.0 | DLW |
| 10 | 10:00 | | 1.1 | DLW |
| 11 | 10:00 | | 1.1 | DLW |
| 12 | 10:00 | | 1.1 | DLW |
| 13 | 10:00 | | 1.1 | DLW |
| 14 | 10:00 | | 1.1 | DLW |
| 15 | 10:00 | | 1.0 | DLW |
| 16 | 10:00 | | 1.0 | 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 | | 1.1 | DLW |
| 22 | 10:00 | | 1.1 | DLW |
| 23 | 10:00 | | 1.0 | DLW |
| 24 | 10:00 | | 1.1 | DLW |
| 25 | 10:00 | | 1.1 | DLW |
| 26 | 10:00 | | 1.1 | DLW |
| 27 | 10:00 | | 1.1 | DLW |
| 28 | 10:00 | | 1.1 | DLW |
| 29 | 10:00 | | 1.0 | DLW |
| 30 | 10:00 | | 1.1 | DLW |
| 31 | 10:00 | | 1.2 | DLW |

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>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> |
|--|--|---|

| | | |
|--|--------------------------------|--|
| Printed Name: Steve Scott (or Tami Allen) | Title: _____ | Operator Certification #: n/a |
| Signature: _____ | Phone #: (541) 337-9635 | OR |
| Date: 1 / 1 | | Small Groundwater System <input checked="" type="checkbox"/> |