

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for** Grc6883

PWS ID# 41 95210

System Name Rice Hill RV Park 541-513-6883

Month/Year 05/22 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	2.1	DLW
2	10:00		2.1	DLW
3	10:00		6.1	DLW
4	10:00		1.1	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		1.1	DLW
10	10:00		1.1	DLW
11	10:00		1.0	DLW
12	10:00		1.0	DLW
13	10:00		1.1	DLW
14	10:00		1.1	DLW
15	10:00		1.0	DLW
16	10:00		1.1	DLW
17	10:00		1.1	DLW
18	10:00		1.1	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		1.1	DLW
24	10:00		1.1	DLW
25	10:00		1.1	DLW
26	10:00		1.0	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		1.1	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.

**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 Tamí Allen)  
 Signature: \_\_\_\_\_  
 Date: / /

Title: \_\_\_\_\_  
 Phone #: (541) 337-9635

Operator Certification #: n/a  
 OR  
 Small Groundwater System

Received Time May, 31, 2022 2:39PM No. 866883