

State of Oregon Drinking Water Program  
 Monthly Disinfection Report for Groundwater

Received Time Oct. 1, 2022 at 9:56 AM No. 8950

System Name Rice Hill RV Park 541-513-6883

PWS ID# 41 95210

Month/Year 09 / 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	1.1	DLW
2	10:00		1.1	DLW
3	10:00		1.2	DLW
4	10:00		1.1	DLW
5	10:00		1.1	DLW
6	10:00		1.0	DLW
7	10:00		1.1	DLW
8	10:00		1.1	JR
9	10:00	<b>FIXED</b> 10-1-22	1.1	DLW
10	10:00		1.1	DLW
11	10:00		1.1	DLW
12	10:00		1.0	DLW
13	10:00		1.0	DLW
14	10:00		1.0	JR
15	10:00		1.1	JR
16	10:00		1.1	DLW
17	10:00		1.1	DLW
18	10:00		1.0	DLW
19	10:00		1.2	DLW
20	10:00		1.1	DLW
21	8:30		1.2	DLW
22	9:45		1.1	JR
23	10:00		1.1	DLW
24	10:00		1.2	DLW
25	10:00		1.1	DLW
26	10:00		1.1	DLW
27	10:00		1.0	DLW
28	10:00		1.1	JR
29	10:00		1.1	JR
30	10:10		1.1	JR
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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.

**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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Steve Scott (or Tami Allen)  
 Signature: \_\_\_\_\_  
 Date: / /

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

Operator Certification #: n/a  
 OR  
 Small Groundwater System