

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name Rice Hill RV Park 541-513-6883

PWS ID# 41 95210

Month/Year 10 / 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	JR
2	8:45		1.0	DLW
3	10:35		1.1	DLW
4	10:00		1.1	DLW
5	10:15		1.2	JR
6	10:00		1.1	JR
7	10:00		1.1	DLW
8	10:00		1.1	DLW
9	10:00		1.1	DLW
10	10:00		1.2	DLW
11	10:00		1.1	DLW
12	9:45		1.1	JR
13	9:50		1.1	JR
14	10:00		1.1	DLW
15	10:00		1.1	DLW
16	10:00		1.2	DLW
17	10:00		1.1	DLW
18	9:30		1.0	DLW
19	9:45		1.1	JR
20	10:00		1.1	JR
21	10:00		1.0	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	10:30		1.1	JR
27	10:00		1.1	JR
28	10:05		1.1	JR
29	10:00		1.1	JR
30	10:30		1.1	JR
31	10:15		1.1	JR

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