

System Name **Rice Hill RV Park 541-513-6883**

PWS ID# **4 1 95210**

Month/Year **11 / 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	1.2	SR
2	10:15		1.1	SR
3	10:15		1.1	SR
4	10:00		1.1	DLW
5	10:00		1.1	DLW
6	10:00		1.2	DLW
7	10:00		1.1	DLW
8	10:00		1.0	DLW
9	10:00		1.1	SR
10	10:00		1.1	SR
11	10:00		1.1	SR
12	10:15		1.2	SR
13	10:00		1.1	SR
14	10:00		1.1	SR
15	10:25		1.1	SR
16	10:00		1.1	SR
17	10:00		1.1	SR
18	9:45		1.1	SR
19	10:00		1.1	DLW
20	10:00		1.0	DLW
21	10:00		1.1	DLW
22	10:00		1.1	SR
23	9:30		1.1	SR
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		1.0	DLW
29	10:30		1.1	SR
30	10:00		1.1	SR
31			1.1	SR

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: 11 / 22		Small Groundwater System <input checked="" type="checkbox"/>

