

Rice Hill RV Park LLC
Oakland, OR 97462
Phone: 541-849-2335



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FEB 01 2023

Certification
Drinking Water Services

Fax



To: STATE	From: Tami Allen
Fax: 971-673-0694	Pages: 2
Phone:	Date:
Re: WATER TEST	CC:

Urgent
 For Review
 Please Reply

● **Comments:**

System Name Rice Hill RV Park 541-513-6883

PWS ID# 41 95210

Month/Year 01/23 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		1.0	DLW
3	10:30		1.0	JR
4	10:00		1.1	JR
5	9:50		1.1	JR
6	9:55		1.0	JR
7	9:30		1.0	JR
8	10:00		1.0	JR
9	10:00		1.1	JR
10	10:00		2.5	JR
11	10:00		2.5	JR
12	11:00		1.5	TA
13	10:00		1.5	JR
14	10:00		1.5	JR
15	10:00		1.7	JR
16	10:00		1.7	JR
17	10:00		1.5	JR
18	10:00		2.5	JR
19	10:00		2.2	JR
20	10:00		2.0	JR
21	10:00		2.5	JR
22	10:00		2.3	JR
23	10:00		2.4	JR
24	10:00		2.2	JR
25	10:00		2.2	JR
26	10:00		2.3	JR
27	10:00		2.3	JR
28	10:00		2.2	JR
29	10:00		2.2	JR
30	10:00		2.5	JR
31	9:50		2.3	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: Tami Allen
 Signature: *T. Allen*
 Date: / /

Title:
 Phone #: (541) 337-9635

Operator Certification #: n/a
 OR
 Small Groundwater System:

