

State of Oregon Drinking Water Program
Monthly Disinfection Report

Received Time Mar. 1, 2023 9:48 AM No. 9362

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

PWS ID# **41 95210**

Month/Year **02/23** 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	9:45	well #1	2.3	JR
2	10:00		2.3	JR
3	10:00		2.2	JR
4	9:50		2.2	JR
5	9:45		2.3	JR
6	9:45		2.4	JR
7	10:00		2.0	JR
8	10:00		2.0	JR
9	10:15		2.1	JR
10	10:00		2.0	JR
11	10:00		2.0	JR
12	11:00		2.0	JR
13	11:00		2.0	JR
14	10:15		1.6	JR
15	10:20		1.5	JR
16	10:30		1.5	JR
17	10:00		1.6	JR
18	10:30		1.5	JR
19	10:00		1.5	JR
20	10:00		1.5	JR
21	9:45		1.5	JR
22	9:50		1.6	JR
23	10:00		1.5	JR
24	10:00		1.5	JR
25	10:00		1.5	JR
26	9:50		1.5	JR
27	9:50		1.5	JR
28	10:00		1.5	JR
29				JR
30				
31				

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: Tami Allen	Title:	Operator Certification #: n/a
Signature: <i>T. Allen</i>	Phone #: (541) 337-9635	OR
Date: / /		Small Groundwater System <input checked="" type="checkbox"/>