

State of Oregon Drinking Water Program
Monthly Disinfection Report

Received Time Apr. 3, 2023 10:40 AM No. 9443

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

PWS ID# **41 95210**

Month/Year **03/23** 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	1.5	JR
2	10:00		1.5	JR
3	10:30		1.6	JR
4	12:00		2.0	SK
5	11:00		1.6	JR
6	10:30		1.5	JR
7	10:00		1.5	JR
8	10:00		1.5	JR
9	10:00		1.6	SK
10	10:00		1.5	JR
11	9:55		1.5	JR
12	10:30		1.5	JR
13	9:50		1.5	JR
14	10:10		1.5	JR
15	10:10		1.7	JR
16	10:10		1.6	JR
17	10:00		1.5	JR
18	10:00		1.5	JR
19	9:50		1.6	JR
20	11:00		1.5	JR
21	10:00		1.5	JR
22	10:00		1.5	JR
23	10:00		1.5	JR
24	10:00		1.5	JR
25	9:50		1.6	JR
26	10:00		1.5	JR
27	9:45		1.5	JR
28	10:10		1.6	JR
29	9:50		1.5	JR
30	10:50		1.5	JR
31	10:00		1.6	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.

<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: [Signature] Phone #: (541) 337-9635 OR
 Date: 1 / 1 Small Groundwater System