

System Name: **Rice Hill RV Park 541-513-6883** PWS ID#: **41 95210**
 Month/Year: **05/23** 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	11:45	well #1	1.6	JR
2	10:30		1.5	JR
3	10:00		1.5	JR
4	10:45		1.5	JR
5	9:40		1.5	JR
6	9:45		1.6	JR
7	10:30		1.5	JR
8	10:00		1.5	JR
9	10:10		1.5	JR
10	11:00		1.5	JR
11	10:05		1.6	JR
12	10:15		1.5	JR
13	9:50		1.6	JR
14	9:30		1.5	JR
15	10:00		1.5	JR
16	11:50		1.7	JR
17	10:00		1.6	JR
18	10:10		1.7	JR
19	9:45		1.5	JR
20	9:55		1.5	JR
21	9:45		1.5	JR
22	10:00		1.5	JR
23	1:30		2.5	JR
24	10:15		1.7	JR
25	10:00		1.5	JR
26	10:25		1.5	JR
27	10:30		1.5	JR
28	11:00		1.5	JR
29	10:00		1.3	JR
30	11:30		1.0	JR
31	10:15		1.3	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: *T. Allen* Phone #: **(541) 337-9635**
 Date: **5/1/23**

OR
 Small Groundwater System