

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name Rice Hill RV Park 541-513-6883 PWS ID# 41 95210  
 Month/Year 2/24/ 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	9:00	well #1	1.5	DM
2	9:15		1.5	DM
3	9:00		1.5	DM
4	9:45		1.5	DM
5	9:35		1.5	M 4
6	9:25		1.5	M 4
7	9:20		1.5	M 4
8	9:05		1.5	DM
9	9:00		1.5	DM
10	9:05		1.5	DM
11	10:15		1.5	DM
12	9:30		1.3	M 4
13	9:30		1.3	M 4
14	9:20		1.3	M 4
15	9:00		1.5	DM
16	9:00		1.5	DM
17	9:15		1.5	DM
18	10:00		1.5	DM
19	9:25		1.5	M 4
20	9:20		1.5	M 4
21	9:05		1.5	M 4
22	9:35		1.5	DM
23	9:00		1.5	DM
24	9:00		1.5	DM
25	10:25		1.5	DM
26	9:20		1.5	M 4
27	9:10		1.5	M 4
28	9:15		1.3	DM
29	9:00		1.5	DM
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.

**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 Title: \_\_\_\_\_ Operator Certification # n/a  
 Signature: T. Allen Phone #: (541) 337-9635 OR  
 Date: 1 / 1 Small Groundwater System