

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 3/24

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	GM
2	9:20		1.5	GM
3	9:25		1.3	GM
4	9:00		1.3	GM
5	9:15		1.5	GM
6	9:20		1.5	GM
7	9:10		1.5	GM
8	9:00		1.5	GM
9	9:00		1.5	GM
10	10:00		1.5	GM
11	9:25		1.5	GM
12	9:45		1.5	GM
13	9:15		1.3	GM
14	9:00		1.5	GM
15	9:40		1.5	GM
16	9:10		1.5	GM
17	10:00		1.5	GM
18	9:35		1.5	GM
19	9:15		1.3	GM
20	9:20		1.5	GM
21	9:00		1.5	GM
22	9:00		1.3	GM
23	9:00		1.5	GM
24	9:45		1.5	GM
25	9:15		1.5	GM
26	9:00		1.5	GM
27	9:25		1.3	GM
28	9:00		1.5	GM
29	9:00		1.5	GM
30	9:00		1.5	GM
31	9:00		1.5	GM

FAKED

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>
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Printed Name: _____ (Tami Allen) Title: _____
 Signature: T. Allen Phone #: (541) 337-9635
 Date: / / Operator Certification #: n/a
 Small Groundwater System OR