

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 6/24

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	9:30	well #1	1.5	Jim
2	9:00		1.5	Jim
3	9:35		1.5	Jim
4	9:55		1.5	Jim
5	9:00		1.5	Jim
6	9:00		1.5	Jim
7	9:00		1.5	Jim
8	9:05		1.3	Jim
9	9:35		1.3	Jim
10	9:25		1.5	Jim
11	9:15		1.3	Jim
12	9:10		1.3	Jim
13	9:00		1.5	Jim
14	9:45		1.5	Jim
15	9:45		1.5	Jim
16	10:30		1.5	Jim
17	9:30		1.5	Jim
18	9:10		1.5	Jim
19	9:10		1.3	Jim
20	9:00		1.5	Jim
21	9:15		1.5	Jim
22	9:00		1.5	Jim
23	10:00		1.2	Jim
24	9:35		1.3	Jim
25	9:25		1.2	Jim
26	9:15		1.2	Jim
27	9:00		1.5	Jim
28	9:00		1.2	Jim
29	9:00		1.5	Jim
30	10:15		1.5	Jim
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Was the chlorine residual ever less than the required minimum residual of 0.5 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 will 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
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: Tami Allen Title: _____
 Signature: Tami Allen Phone #: (541) 337-9636
 Date: 6/24

Operator Certification # 118
 OR
 Small Groundwater System