

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

PWS ID# 41 95210

System Name Rice Hill RV Park 541-513-6883

Required Minimum Residual 0.5 mg/L

Month/Year \_\_\_\_\_ Entry Point: EP 1

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:20	well #1	1.6	JMA
2	7:00		1.5	MZ
3	9:05		1.5	JMA
4	9:15		1.5	JMA
5	9:00		1.5	JMA
6	9:00		1.5	JMA
7	9:00		1.7	JMA
8	1:30 pm		<del>1.5</del> 1.5	JMA
9	9:20		1.5	MZ
10	8:45		1.3	MZ
11	9:20		1.5	JMA
12	9:10		1.5	JMA
13	9:15		1.5	JMA
14	9:00		1.3	JMA
15	9:50		1.5	MZ
16	9:10		1.5	MZ
17	9:20		1.5	MZ
18	9:05		1.5	JMA
19	9:15		1.7	JMA
20	9:00		1.5	JMA
21	9:00		1.5	JMA
22	9:01		1.3	MZ
23	9:10		1.3	MZ
24	9:10		1.3	MZ
25	9:25		1.3	MZ
26	9:00		1.5	JMA
27	9:15		1.1	JMA
28	9:00		<del>1.5</del> 1.5	JMA
29	9:20		1.5	MZ
30	9:15		1.5	MZ
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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  
 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  
 Signature: *T. Allen*  
 Date: / /  
 Title:  
 Phone #: (541) 337-9635

Operator Certification #: n/a  
 OR  
 Small Groundwater System