State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Rice Hill RV Park 541-513-6883 PWS ID# 4 1 95210

Month/Year: ✓ 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	1.6	
2	9:30		1.3	
3	9:15		1.5	
4	9:15		1.5	
5	9:30		1.5	
6	9:15		1.4	
7	9:45		1.3	
8	9:45		1.6	
9	10:25		1.5	
10	9:10		1.5	
11	9:20		1.3	
12	9:20		1.3	
13	9:30		1.6	
14	9:50		1.6	
15	9:40		1.5	
16	10:50		1.5	
17	9:45		1.5	
18	9:35		1.5	
19	9:40		1.3	
20	9:45		1.5	
21	9:00		1.5	
22	9:50		1.4	
23	9:45		1.3	
24	9:15		1.3	
25	8:20		1.5	
26	9:30		1.5	
27	9:00		1.5	
28	9:15		1.5	
29	9:20		1.5	
30	10:45		1.5	
31	9:40		1.3	

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 Progra 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 m 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 returne service.

Attach grab sample results and submit them with this form.

Printed Name: (Tami Allen) Title:

Signature: Tami Allen Phone #: (541) 337-9635

Date: / /

Operator Certification # n/a

OR

Small Groundwater System