

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: /

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
Sun	1	well #1		
	2		1.5	JM
	3		1.5	MJ
	4		1.5	MJ
	5		1.5	MJ
	6		1.5	MJ
	7		1.5	JM
	8		1.3	JM
Sun	9		1.5	JM
	10		1.5	MJ
	11		1.5	MJ
	12		1.3	MJ
	13		1.3	MJ
	14		1.5	JM
	15		1.5	JM
	16		1.5	JM
Sun	17		1.5	JM
	18		1.5	JM
	19		1.5	MJ
	20		1.3	MJ
	21		1.5	JM
	22		1.5	JM
	23		1.3	JM
	24		1.5	MJ
Sun	25		1.5	MJ
	26		1.5	MJ
	27		1.5	MJ
	28		1.3	JM
	29		1.3	JM
	30		1.2	JM
	31		1.3	MJ
				1.5

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 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: _____
 Phone #: (541) 337-9635

Signature: T. Allen

Date: / /

Operator Certification # _____
 OR
 Small Groundwater System