

**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
1	9:30	well #1	1.5	Jan
2	9:00		1.5	Jan
3	9:00		1.5	Jan
4	10:00		1.5	Jan
5	10:40		1.5	Jan
6	9:35		1.3	Jan
7	9:40		4.5	Jan
8	9:30		1.5	Jan
9	9:00		1.2	Jan
10	9:00		1.2	Jan
11	11:20		1.3	Jan
12	3:20		1.5	Jan
13	9:50		1.5	Jan
14	9:45		1.5	Jan
15	9:15		1.3	Jan
16	9:00		1.2	Jan
17	8:45		1.2	Jan
18	10:05		1.2	Jan
19	10:05		1.5	Jan
20	9:58		1.5	Jan
21	10:03		1.2	Jan
22	8:45		1.8	Jan
23	8:45		1.5	Jan
24	8:00		1.2	Jan
25	9:35		1.4	Jan
26	11:42		1.32	Jan
27	9:51		1.00	Jan
28	10:39		1.00	Jan
29	9:00		1.0	Jan
30	9:30		1.8	Jan
31	9:05		1.7	Jan

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

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: Steve Scott (or Tami Allen)

Title:

Operator Certification #: n/a

Signature: \_\_\_\_\_

Phone #: (541) 337-9635

OR

Date:     /     /

Small Groundwater System ☒