Monthly Disinfection Report for [illegible] Drinking Water Program

System Name: Rice Hill RV Park 541-513-6883 PWS ID#: 41 95210

Month/Yea: August 2025 Entry Point: EP 1 Required Minimum Residual: 0.5 m

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:50 AM	well #1	1.4	W.W.
2	9:45 AM	"	1.5	W.W.
SUN 3	9:30	"	1.5	W.W.
4	10:10		1.5	W.W.
5	9:15		1.5	W.W.
6	9:35		1.5	W.W.
7	10:05		1.5	W.W.
8	10:10		1.6	W.W.
9	10:26		1.5	W.W.
Sun 10	8:30		1.7	W.W.
11	10:15		1.6	W.W.
12	9:30		1.6	W.W.
13	9:30		1.5	W.W.
14	10:15		1.6	W.W.
15	10:15		1.6	W.W.
Sun 16	10:15		1.7	W.W.
17	10:00		1.6	W.W.
18	10:20		1.2	W.W.
19	10:00		1.5	W.W.
20	9:20		1.4	W.W.
21	10.30		1.4	W.W.
22	10:08		1.4	W.W.
Sun 23	10.30		1.3	W.W.
24	[illegible]		1.3	W.W.
25	11:15		1.4	W.W.
26	9:20		1.4	W.W.
27	10:16		1.5	W.W.
THURS 28	10:05		1.4	W.W.
29	10.20		1.3	W.W.
30	10.05		1.4	W.W.
Sun 31	10:15		1.4	W.W.

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: T Allen Phone #: (541) 337-9635

Date: / /

Operator Certification # OR

Small Groundwater System