

Monthly Disinfection Report for Groundwater

Received Times Sep. 30, 2025 11:48AM No. 1191

9-1-25

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

Sun

Sun

Sun

Sun

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:20	well #1 1.4		
2	10:40	1.4		
3	10:15	1.3		
4	10:15	1.4		
5	10:15	1.2		
6	10:00	1.3		
7	10:00	1.2		
8	9:45	1.3		
9	9:30	1.3		
10	1:05	1.3		
11	10:00	1.2		
12	10:30	1.3		
13	10:30	1.2		
14	10:30	1.3		
15	10:05	1.3		
16	9:15	1.3		
17	9:55	1.3		
18	10:15	1.3		
19	10:00	1.4		
20	10:15	1.7		
21	10:15	1.3		
22	10:00 1:30	1.5		
23	10:15	1.5		
24	9:20	1.3		
25	10:30	1.2		
26	10:05	1.1		
27	10:15	1.2		
28	9:55	1.5		
29	9:45	1.2		
30	9:25	1.5		
31				

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:

Operator Certification #

Signature: T. Allen

Phone #: (541) 337-9635

OR

Date: 1 / 1

Small Groundwater System