

Monthly Disinfection Report for Drinking Water Program

Received Timespan: 12/20/26 11:06AM No. 1324

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

12/1/25

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:45	well #1	1.3	M.A.
2	9:45		1.3	M.A.
3	9:35		1.1	M.A.
4	10:30		1.1	W.W.
5	10:30		1.1	W.W.
6	10:30		1.1	W.W.
7	7:30		1.0	W.W.
8	10:30		1.0	W.W.
9	9:15		1.0	M.A.
10	9:25		1.0	M.A.
11	10:30		1.0	M.A.
12	10:30		1.0	W.W.
13	10:30		1.0	W.W.
14	10:00		1.1	W.W.
15	11:00		1.1	W.W.
16	9:40		1.1	M.A.
17	9:45		1.0	M.A.
18	10:35		1.1	M.A.
19	10:30		1.1	W.W.
20	10:15		1.1	W.W.
21	10:30		1.0	W.W.
22	11:00		1.2	M.A.
23	9:25		1.1	M.A.
24	9:40		1.1	M.A.
25	8:30		1.1	M.A.
26	11:30		1.1	W.W.
27	10:00		1.2	W.W.
28	10:00		1.1	W.W.
29	12:30		1.1	W.W.
30	9:45		1.1	M.A.
31	9:40		1.0	M.A.

Sun

Sun

Sun

SUN

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 Process 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  
 Signature: *T. Allen*  
 Date: 1/1

Operator Certification = \_\_\_\_\_  
 OR  
 Small Groundwater System

Phone #: (541) 337-9635