

Monthly Disinfection Report for Ground Water

Received Times: Feb. 2, 2026 10:20AM No. 1358

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	10:30	well #1	1.0	W.W.
2	10:30 AM	"	1.1	W.W.
3	10:30 AM	"	1.0	W.W.
4	10:10	"	1.2	M
5	11:05	"	1.2	M
6	9:40	"	1.2	M
7	2:00	"	1.0	M
8	11:30	"	1.1	W.W.
9	10:30	"	1.1	W.W.
10	10:30	"	1.1	W.W.
11	10:30	"	1.1	W.W.
12	9:40	"	1.2	W.W.
13	9:35	"	1.2	M
14	9:40	"	1.2	M
15	10:30	"	1.1	W.W.
16	10:30	"	1.2	W.W.
17	10:30	"	1.1	W.W.
18	10:05	"	1.1	W.W.
19	9:40	"	1.1	M
20	9:50	"	1.1	M
21	9:10	"	1.1	M
22	10:30	"	1.1	W.W.
23	10:30	"	1.1	W.W.
24	10:30	"	1.0	W.W.
25	10:00	"	1.0	W.W.
26	10:40	"	1.1	W.W.
27	10:05	"	1.1	M
28	9:20	"	1.1	M
29	10:30	"	1.1	W.W.
30	10:30	"	1.1	W.W.
31	10:30	"	1.0	W.W.

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: *Tami Allen*  
 Date: / /  
 Title:  
 Phone #: (541) 337-9635

Operator Certification #:  
 OR  
 Small Groundwater System:

1-1-26