



Bruce Elden
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Managers

MAY 2021

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of Oregon Drinking Water Program
Section Report for Ground Water Systems

Month/Year 05/21

Entry Point:

Inn
EP-A

PWS ID# 41 92106

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:15	ENTRY POINT	1.4	
2	7:45	ENTRY POINT	1.4	
3	8:15	ENTRY POINT	1.5	
4	8:45	ENTRY POINT	1.4	
5	9:15	ENTRY POINT	1.3	
6	9:45	ENTRY POINT	1.2	
7	10:15	ENTRY POINT	1.1	
8	10:45	ENTRY POINT	1.2	
9	11:15	ENTRY POINT	1.2	
10	11:45	ENTRY POINT	1.0	
11	12:15	ENTRY POINT	1.0	
12	12:45	ENTRY POINT	0.9	
13	1:15	ENTRY POINT	0.9	
14	1:45	ENTRY POINT	0.9	
15	2:15	ENTRY POINT	0.9	
16	2:45	ENTRY POINT	1.0	
17	3:15	ENTRY POINT	0.9	
18	3:45	ENTRY POINT	0.9	
19	4:15	ENTRY POINT	1.2	
20	4:45	ENTRY POINT	1.1	
21	5:15	ENTRY POINT	1.3	
22	5:45	ENTRY POINT	1.2	
23	6:15	ENTRY POINT	1.2	
24	6:45	ENTRY POINT	1.1	
25	7:15	ENTRY POINT	1.1	
26	7:45	ENTRY POINT	1.2	
27	8:15	ENTRY POINT	1.1	
28	8:45	ENTRY POINT	1.0	
29	9:15	ENTRY POINT	0.9	
30	9:45	ENTRY POINT	0.9	
31	10:15	ENTRY POINT	0.9	

Was the chlorine residual ever less than the required minimum residual of 0.4 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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Bruce Elden

Signature: [Signature]

Date: 6/3/2021

Title: Manager

Phone #: 541-271-2025

Operator Certification #: _____

OR

Small Groundwater System ☒