

Report WATER TUNE 2021

State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

Umpqua River Inn & Suites PWS ID# 41 92106
541-271-2935
 Month/Year 6/21 Entry Point: EP-A Required Minimum Residual 0.4 mg/L

Date	Time A.M.	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:12	ENTRY POINT	1.2	
2	6:10	ENTRY POINT	1.0	
3	6:51	ENTRY POINT	1.0	
4	6:22	ENTRY POINT	1.3	
5	7:08	ENTRY POINT	1.0	
6	6:15	ENTRY POINT	1.0	
7	6:22	ENTRY POINT	1.0	
8	7:05	ENTRY POINT	1.0	
9	6:21	ENTRY POINT	1.0	
10	7:32	ENTRY POINT	1.0	
11	7:41	ENTRY POINT	1.0	
12	7:45	ENTRY POINT	1.0	
13	6:42	ENTRY POINT	1.0	
14	6:17	ENTRY POINT	1.0	
15	7:10	ENTRY POINT	1.0	
16	6:12	ENTRY POINT	1.0	
17	8:10	ENTRY POINT	1.0	
18	8:22	ENTRY POINT	1.0	
19	6:10	ENTRY POINT	1.0	
20	6:12	ENTRY POINT	0.9	
21	6:13	ENTRY POINT	0.9	
22	8:31	ENTRY POINT	0.9	
23	6:42	ENTRY POINT	0.9	
24	7:16	ENTRY POINT	1.0	
25	8:12	ENTRY POINT	1.0	
26	8:17	ENTRY POINT	0.9	
27	7:10	ENTRY POINT	0.9	
28	6:10	ENTRY POINT	0.8	
29	7:51	ENTRY POINT	0.8	
30	7:15	ENTRY POINT	0.8	
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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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Printed Name: <u>BRUCE ELDEN</u></p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>7/6/21</u></p>	<p>Title: <u>Manager</u></p> <p>Phone #: <u>541-271-2935</u></p> <p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>