

Inn

PWS ID# 41 92106

Month/Year 9/21 Entry Point: EP-A

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	0.8	
2	7:21	ENTRY POINT	0.8	
3	8:05	ENTRY POINT	0.9	
4	8:10	ENTRY POINT	0.8	
5	9:32	ENTRY POINT	0.9	
6	6:51	ENTRY POINT	0.8	
7	7:21	ENTRY POINT	0.8	
8	9:05	ENTRY POINT	0.8	
9	7:31	ENTRY POINT	0.7	
10	8:26	ENTRY POINT	0.7	
11	6:12	ENTRY POINT	0.8	
12	6:25	ENTRY POINT	0.7	
13	6:31	ENTRY POINT	0.7	
14	7:15	ENTRY POINT	0.8	
15	9:12	ENTRY POINT	0.8	
16	8:17	ENTRY POINT	0.7	
17	8:21	ENTRY POINT	0.7	
18	7:00	ENTRY POINT	0.8	
19	7:10	ENTRY POINT	0.9	
20	10:10	ENTRY POINT	0.8	
21	7:11	ENTRY POINT	0.9	
22	7:32	ENTRY POINT	0.8	
23	9:05	ENTRY POINT	0.9	
24	8:51	ENTRY POINT	0.9	
25	7:22	ENTRY POINT	0.8	
26	8:13	ENTRY POINT	0.8	
27	6:10	ENTRY POINT	0.8	
28	6:54	ENTRY POINT	0.8	
29	8:01	ENTRY POINT	0.8	
30	8:27	ENTRY POINT	0.7	
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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.

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 E. Eder Title: Manager

Signature: [Signature] Phone #: 541-821-2025

Date: 10/1/21

Operator Certification #: _____

OR

Small Groundwater System ☐