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UMPQUA RIVER
INN & SUITES

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of Oregon Drinking Water Program
Inspection Report for Ground Water Systems

Inn

PWS ID# 41 92106

Month/Year 10/2/1 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	6:27	ENTRY POINT	0.9	
2	7:13	ENTRY POINT	0.9	
3	6:31	ENTRY POINT	0.9	
4	6:10	ENTRY POINT	0.8	
5	7:15	ENTRY POINT	0.9	
6	7:22	ENTRY POINT	0.9	
7	6:51	ENTRY POINT	0.9	
8	6:05	ENTRY POINT	0.8	
9	7:05	ENTRY POINT	0.9	
10	8:05	ENTRY POINT	0.9	
11	8:10	ENTRY POINT	1.0	
12	8:15	ENTRY POINT	0.9	
13	7:45	ENTRY POINT	0.9	
14	8:20	ENTRY POINT	1.0	
15	7:25	ENTRY POINT	0.9	
16	8:10	ENTRY POINT	0.9	
17	7:21	ENTRY POINT	0.8	
18	7:10	ENTRY POINT	0.8	
19	6:36	ENTRY POINT	0.8	
20	6:52	ENTRY POINT	0.8	
21	7:10	ENTRY POINT	0.9	
22	7:45	ENTRY POINT	0.8	
23	8:15	ENTRY POINT	0.8	
24	7:40	ENTRY POINT	0.8	
25	7:52	ENTRY POINT	0.8	
26	8:22	ENTRY POINT	0.8	
27	6:47	ENTRY POINT	0.8	
28	7:01	ENTRY POINT	0.8	
29	6:10	ENTRY POINT	0.8	
30	6:27	ENTRY POINT	0.8	
31	7:22	ENTRY POINT	0.8	

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: _____

Signature: _____

Date: 11/5/2021

Title: Manager

Phone #: 541-271-2025

Operator Certification #: _____

OR

Small Groundwater System ☐