

**Bruce Elden** Krista Baker **Managers** 

bU 2021

UMPQUA RIVER

INN & SUITES

45209 State Hwy. 38 Reedsport, OR 97467 of Oregon Drinking Water Program Phone: 541-271-2025 fection Report for Ground Water Systems

umpquariverinn@gmail.com						
					VSID# 41 <u>92106</u>	
MOURE	rear	Entry Po	oint: Ef	0-A F		num Residual 0,4 mg/L
Date	Time	Source(s	) in use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes
1	1.	FATTRY	12007	10-5		
2	1,	FAMIL!	Harl	0-8	-	
3	1	FATAIL	DINI	16:5		
4	1	SUTAN	Port	0.8		
5 .	11	20184	18:07	10-8-3		*
6	٠.	ZNTRK	Part	10.8		
7	(	ENTRY	Harry	0,7	2	
- 8		SVILL	Thouse	6.7		
9		STATE	Part	00 70		
10	1	NERRY	and a	1001		
11		PNT PLY	PONT	10.6		
12		2/4/2	Port	10 8		
13	- \ =	NTRE!	0.7	1000		
14		227	1/01	0.8		
15 16	<del>                                     </del>	Control of	and,	015		
17	<del> </del>	Control of	/ May	028		
18		6 100	12310	0-7		
19	<del>                                     </del>	CALLE	6,00	0-8		
20		- 2014				•
21		801-011	150,00	Cal		
22		EN MAI	1701	966		·
23		5.30	1	20.6		
24			100			
25				1		·
26		O Exit	01/100			
27		Control	1000	10-61		
28	4	16/17/	97 112	12000		
29		Some	Walso	126		
30		7/1/2//	Fac 17	000		
31				999		· · · · · · · · · · · · · · · · · · ·
Was the chlorine residual ever less than the required minimum residual of						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
from did you manifes are found in						
until the residual returned tomg/L as   reporting month? [] Yes   T-No						Date continuous monitoring equipment failed:
M *M 1000	in the second	1	If yes, were grab s	amples collected every loan	Durs until the	1 1
		nd submit them with	continuous monito	ring equipment was returned	to service-as	Date it was returned to
this form.			required?	☐Yes ☐ No		Service:
Attach grab sample results and submit them with this form.						
		Singe Ils	Jille:/	1/ANDGE !!	Operator Cer	rtification #:
Signature: Phone #: () OR						
Date: 1213 1263 1						