



Bruce Elden
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Managers

UMPQUA RIVER
INN & SUITES

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of Oregon Drinking Water Program
Section Report for Ground Water Systems

Inn

PWS ID# 41 92106

Month/Year 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	6:31	ENTRY POINT	1.7	
2	7:02	ENTRY POINT	1.7	
3	7:34	ENTRY POINT	1.6	
4	8:15	ENTRY POINT	1.6	
5	8:30	ENTRY POINT	1.7	
6	7:45	ENTRY POINT	1.5	
7	7:02	ENTRY POINT	1.5	
8	6:17	ENTRY POINT	1.4	
9	5:27	ENTRY POINT	1.6	
10	5:02	ENTRY POINT	1.6	
11	7:37	ENTRY POINT	1.5	
12	8:05	ENTRY POINT	1.6	
13	7:15	ENTRY POINT	1.6	
14	8:15	ENTRY POINT	1.5	
15	8:07	ENTRY POINT	1.5	
16	6:15	ENTRY POINT	1.5	
17	6:41	ENTRY POINT	1.5	
18	6:12	ENTRY POINT	1.4	
19	6:51	ENTRY POINT	1.5	
20	6:52	ENTRY POINT	1.5	
21	7:08	ENTRY POINT	1.5	
22	7:15	ENTRY POINT	1.5	
23	8:15	ENTRY POINT	1.5	
24	6:41	ENTRY POINT	1.4	
25	7:52	ENTRY POINT	1.5	
26	7:18	ENTRY POINT	1.5	
27	6:17	ENTRY POINT	1.5	
28	6:31	ENTRY POINT	1.6	
29	6:12	ENTRY POINT	1.6	
30	7:15	ENTRY POINT	1.4	
31	8:00	ENTRY POINT	1.3	

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: 11/2/22

Title: Manager

Phone #: 541-271-2025

Operator Certification #: _____

OR

Small Groundwater System ☐