

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

Umpqua River 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	AM	ENTRY POINT	1.7	
2	6:30	ENTRY POINT	1.7	
3	7:00	ENTRY POINT	1.6	
4	7:30	ENTRY POINT	1.6	
5	8:00	ENTRY POINT	1.6	
6	8:30	ENTRY POINT	1.5	
7	9:00	ENTRY POINT	1.5	
8	9:30	ENTRY POINT	1.5	
9	10:00	ENTRY POINT	1.4	
10	10:30	ENTRY POINT	1.4	
11	11:00	ENTRY POINT	1.4	
12	11:30	ENTRY POINT	1.4	
13	12:00	ENTRY POINT	1.3	
14	12:30	ENTRY POINT	1.3	
15	1:00	ENTRY POINT	1.2	
16	1:30	ENTRY POINT	1.2	
17	2:00	ENTRY POINT	1.2	
18	2:30	ENTRY POINT	1.2	
19	3:00	ENTRY POINT	1.1	
20	3:30	ENTRY POINT	1.1	
21	4:00	ENTRY POINT	1.1	
22	4:30	ENTRY POINT	1.0	
23	5:00	ENTRY POINT	1.0	
24	5:30	ENTRY POINT	1.0	
25	6:00	ENTRY POINT	0.9	
26	6:30	ENTRY POINT	0.9	
27	7:00	ENTRY POINT	0.9	
28	7:30	ENTRY POINT	0.8	
29	8:00	ENTRY POINT	0.8	
30	8:30	ENTRY POINT	0.8	
31				

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 type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Printed Name: <u>Brenda K. [Signature]</u></p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>1/1/02</u></p>	<p>Title: <u>Manager</u></p> <p>Phone #: <u>503-271-3288</u></p> <p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>