FEB. H2O REPORT

UMPQUA RIVER INN & SUITES

45209 Highway 38
Reedsport, OR 97467
Phone: 541-271-2025
www.umpquariver.com

[illegible]of Oregon Drinking Water Program
[illegible]ection Report for Ground Water Systems

PWS #92106 PWS ID# 41 92106

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	6:12	ENTRY POINT	0.9	
2	7:21	ENTRY POINT	0.9	
3	6:35	ENTRY POINT	0.9	
4	8:30	ENTRY POINT	0.9	
5	6:17	ENTRY POINT	0.9	
6	6:10	ENTRY POINT	0.8	
7	8:15	ENTRY POINT	0.9	
8	9:34	ENTRY POINT	0.8	
9	6:27	ENTRY POINT	0.8	
10	7:21	ENTRY POINT	0.8	
11	7:19	ENTRY POINT	0.8	
12	6:45	ENTRY POINT	0.8	
13	7:35	ENTRY POINT	0.9	
14	7:22	ENTRY POINT	0.8	
15	8:15	ENTRY POINT	0.7	
16	6:18	ENTRY POINT	0.7	
17	[illegible]	ENTRY POINT	0.7	
18	[illegible]	ENTRY POINT	0.7	
19	7:18	ENTRY POINT	0.7	
20	7:13	ENTRY POINT	0.8	
21	8:39	ENTRY POINT	0.8	
22	7:14	ENTRY POINT	0.8	
23	6:10	ENTRY POINT	0.8	
24	7:31	ENTRY POINT	0.8	
25	8:13	ENTRY POINT	0.8	
26	7:28	ENTRY POINT	0.8	
27	7:10	ENTRY POINT	0.8	
28	8:21	ENTRY POINT	0.8	
29				
30				
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.

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 (crossed out)

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 [illegible] Title: MANAGER
Signature: [signature] Phone #: 541-271-2025
Date: 23 [illegible] 25

Operator Certification #: ____________
OR
Small Groundwater System ☐