

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

Umpqua River Inn & Suites PWS ID# 41 92106
 Month/Year 2/21 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	8:05	ENTRY POINT	0.7	
2	7:15	ENTRY POINT	0.7	
3	7:21	ENTRY POINT	0.8	
4	8:01	ENTRY POINT	0.7	
5	7:21	ENTRY POINT	0.5	
6	8:10	ENTRY POINT	0.6	
7	8:22	ENTRY POINT	0.6	
8	7:05	ENTRY POINT	0.7	
9	8:15	ENTRY POINT	0.7	
10	7:31	ENTRY POINT	0.8	
11	8:15	ENTRY POINT	0.8	
12	8:20	ENTRY POINT	0.8	
13	7:16	ENTRY POINT	0.7	
14	8:21	ENTRY POINT	0.7	
15	7:13	ENTRY POINT	0.8	
16	8:10	ENTRY POINT	0.8	
17	7:16	ENTRY POINT	0.8	
18	6:12	ENTRY POINT	0.6	
19	7:11	ENTRY POINT	0.6	
20	8:21	ENTRY POINT	0.7	
21	8:12	ENTRY POINT	0.7	
22	7:13	ENTRY POINT	0.7	
23	7:45	ENTRY POINT	0.8	
24	8:31	ENTRY POINT	0.7	
25	7:16	ENTRY POINT	0.8	
26	7:51	ENTRY POINT	0.9	
27	8:32	ENTRY POINT	0.8	
28	7:45	ENTRY POINT	0.8	
29				
30				
31				

FEB 2021

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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: Bryce Fisher Title: Manager Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 271-2225 OR
 Date: 3/14/21 Small Groundwater System