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 Managers

UMPQUA RIVER
 INN & SUITES

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of Oregon Drinking Water Program
 Inspection Report for Ground Water Systems

Inn

PWS ID# 41 92106

Month/Year 3/21 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	7:05 AM	ENTRY POINT	0.0	
2	6:42	ENTRY POINT	0.0	
3	6:39	ENTRY POINT	0.0	
4	7:10	ENTRY POINT	0.0	
5	6:41	ENTRY POINT	0.0	
6	6:32	ENTRY POINT	0.0	
7	6:30	ENTRY POINT	0.0	
8	7:15	ENTRY POINT	0.0	
9	6:47	ENTRY POINT	0.0	
10	6:42	ENTRY POINT	0.0	
11	6:31	ENTRY POINT	0.0	
12	6:27	ENTRY POINT	0.0	
13	7:15	ENTRY POINT	0.0	
14	6:37	ENTRY POINT	0.0	
15	6:20	ENTRY POINT	0.0	
16	7:11	ENTRY POINT	0.0	
17	6:58	ENTRY POINT	0.0	
18	6:16	ENTRY POINT	0.0	
19	6:25	ENTRY POINT	0.0	
20	6:45	ENTRY POINT	0.0	
21	6:20	ENTRY POINT	0.0	
22	7:13	ENTRY POINT	0.0	
23	6:20	ENTRY POINT	0.0	
24	6:26	ENTRY POINT	0.0	
25	6:51	ENTRY POINT	0.0	
26	6:27	ENTRY POINT	0.0	
27	7:08	ENTRY POINT	0.0	
28	6:20	ENTRY POINT	0.0	
29	6:21	ENTRY POINT	0.0	
30	7:00	ENTRY POINT	0.0	
31	6:13	ENTRY POINT	0.0	

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: <u> / / </u></p> <p>Date it was returned to service: <u> / / </u></p>	

Printed Name: Bruce Elden Title: MANAGER Operator Certification #: _____
 Signature: [Signature] Phone #: 541-271-2025 OR
 Date: 4/5/21 Small Groundwater System