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

| Date   Time   Source(s) in use   Lowest free chlorine residual at entry point to distribution system (mgft.)   | System Name Best Western Pier Point Inn PWS ID# 4 1 93596  |      |   |   |   |                           |  |  |
|--|--|------|---|---|---|---------------------------|--|--|
| Lowest free chlorine residual at entry point to distribution system (mg/L)   | ,  |      |   |   |   |                           |  |  |
| 1  | Date   | Time |   |   | Lowest free chlorine residual at entry point to |                           |  |  |
| 2  | 1 8:00AM SPRING  |      |   | , , ,   | ,   |                           |  |  |
| 3  |  |      |   |   |   |                           |  |  |
| 5  |  |      |   |   | 0.53  |                           |  |  |
| 6   0.57   0.56   8   0.57   9   0.57   9   0.57   9   0.57   10   0.57   11   0.37   12   0.46   13   0.52   14   0.31   15   0.42   14   0.31   15   0.42   16   0.42   17   0.39   18   0.40   19   0.49   19   0.49   19   0.49   19   0.49   19   0.49   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.44   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.41   19   0.45   19   0.45   19   0.54   19   0.41   19   0.41   19   0.42   19   0.42   19   0.44   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.45   19   0.41   19 | 4  |      |   |   | 0.51  |                           |  |  |
| 7  | 5  |      |   |   | 0.53  |                           |  |  |
| 8  | 6  |      |   |   | 0.57  |                           |  |  |
| 9  | 7  |      |   |   | 0.56  |                           |  |  |
| 10   | 8  |      |   |   |   |                           |  |  |
| 11   |  |      |   |   |   |                           |  |  |
| 12   |  |      |   |   |   |                           |  |  |
| 13   |  |      |   |   |   |                           |  |  |
| 14   |  |      |   |   |   |                           |  |  |
| 15   |  |      |   |   |   |                           |  |  |
| 16   |  |      |   |   |   |                           |  |  |
| 17   |  |      |   |   |   |                           |  |  |
| 18   |  |      |   |   |   |                           |  |  |
| 19   |  |      |   |   |   |                           |  |  |
| 20   0.42   0.44   0.44   0.44   0.44   0.44   0.44   0.44   0.44   0.44   0.44   0.44   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.42   0.45   0.45   0.45   0.45   0.41   0. |  |      |   |   |   |                           |  |  |
| 21   0.44   0.49   0.49   0.44   0.44   0.44   0.44   0.44   0.44   0.42   0.42   0.42   0.42   0.45   0.45   0.45   0.45   0.45   0.41   0.41   0.41   0.41   0.41   0.41   0.45   0.45   0.45   0.45   0.45   0.41   0. |  |      |   |   |   |                           |  |  |
| Did continuous monitoring equipment fail at any time this reporting month?   Yes   No   Yes   No   Serving 3,300 or Fewer   If yes, did you monitor every four hours until the residual returned to mg/L as required?   Yes   No   Yes   No   No   Attach those results and submit them with this form.   Attach grab sample results and submit them with this form.   Printed Name: TONY CHURCH   Title: DOM   Operator Certification #: Signature:   Phone #: (541) 997-7191   OR  |  |      |   |   |   |                           |  |  |
| Date continuous monitoring equipment fail at any time this reporting month?   Yes   No   No   No   No   No   No   No   N   |  |      |   |   |   |                           |  |  |
| Date continuous monitoring equipment fail at any time this reporting month?   Yes   No   No   No   No   No   No   No   N   |  |      |   |   |   |                           |  |  |
| Did continuous monitoring equipment fail at any time this reporting month?   Yes   No   No   No   No   No   No   No   N  |  |      |   |   |   |                           |  |  |
| 26   0.42   27   0.42   28   0.45   29   0.54   30   0.41   31    Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?  |  |      |   |   |   |                           |  |  |
| Date continuous monitoring equipment fail at any time this required?   Yes   No   No   No   Yes   No   No   Yes   No   Yes   Yes   No   No   No   Yes   No   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N   |  |      |   |   |   |                           |  |  |
| 28   |  |      |   |   |   |                           |  |  |
| 29   |  |      |   |   |   |                           |  |  |
| 30   |  |      |   |   |   |                           |  |  |
| Was the chlorine residual ever less than the required minimum residual of 0.2 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.  Date 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.  Printed Name: TONY CHURCH  Title: DOM  Operator Certification #:  OR   |  |      |   |   |   |                           |  |  |
| 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.  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.  Printed Name: TONY CHURCH  Title: DOM  Operator Certification #:  OR  |  |      |   |   |   |                           |  |  |
| 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.  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.  Printed Name: TONY CHURCH  Title: DOM  Operator Certification #:  OR  |  |      |   |   |   |                           |  |  |
| 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.  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.  Printed Name: TONY CHURCH  Title: DOM  Operator Certification #:  OR  | If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be |      |   |   |   |                           |  |  |
| If yes, did you monitor every four hours until the residual returned to mg/L as required?  |  |      | - |   | GWS Sorving More Than 2 200                     |                           |  |  |
| until the residual returned to mg/L as required?   | If yes, did you monitor every four hours until the residual returned to mg/L   |      |   |   |   |                           |  |  |
| Attach those results and submit them with this form.  Printed Name: TONY CHURCH  Signature:  Proper Samples collected every four nours until the continuous monitoring equipment was returned to service as required? Yes No  Attach grab sample results and submit them with this form.  Date it was returned to service:   |  |      |   |   |   |                           |  |  |
| this form.  required?  | Attach those results and submit them with  |      |   | continuous monitoring equipment was returned to service as  Date it was returned to |   |                           |  |  |
| Attach grab sample results and submit them with this form.  Printed Name: TONY CHURCH  Title: DOM  Operator Certification #:  Signature: Phone #: (541) 997-7191  OR   |  |      |   |   |   |                           |  |  |
| Signature: Phone #: (541) 997-7191 OR  |  |      |   | • — —   |   |                           |  |  |
| Signature: Phone #: (541) 997-7191 OR  | Printed Name: TONY CHURCH  |      |   |   |   | Operator Certification #: |  |  |
|  |  |      |   |   |   | ·                         |  |  |
| Date: 10 / 03 / 2022 Small Groundwater System ⊠  |  |      |   | F110  | 115 #. (J41) 331-1131                           | 0                         |  |  |