

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

System Name Best Western Pier Point Inn

PWS ID# 4 1 93596

Month/Year 12/2022 Entry Point: A

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00AM	SPRING	.31PPM	
2			.36	
3			.36	
4			.20	
5			.39	
6			.23	
7			.26	
8			.52	
9			.34	
10			.31	
11			.32	
12			.29	
13			.30	
14			.42	
15			.30	
16			.36	
17			.25	
18			.34	
19			.29	
20			.35	
21			.35	
22			.51	
23			.45	
24			.36	
25			.55	
26			.39	
27			.33	
28			.25	
29			.32	
30			.30	
31			.31	

Was the chlorine residual ever less than the required minimum residual of _____ 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><i>Attach those results and submit them with this form.</i></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 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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<p>Printed Name: TONY CHURCH</p> <p>Signature: _____</p> <p>Date: 02 / 02 / 2023</p>	<p>Title: DOM</p> <p>Phone #: (541) 997-7191</p>	<p>Operator Certification #:</p> <p style="text-align: center;">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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