|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System Name | | | Best Western Pier Point Inn | | | | | | | | | PWS ID# | | | 4 1 93596 | | |
| Month/Year | | MAY/2025 | | | 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 | | | | | | 0.46 | | | |  | | | |
| 2 |  | | |  | | | | | | 0.49 | | | |  | | | |
| 3 |  | | |  | | | | | | 0.43 | | | |  | | | |
| 4 |  | | |  | | | | | | 0.40 | | | |  | | | |
| 5 |  | | |  | | | | | | 0.44 | | | |  | | | |
| 6 |  | | |  | | | | | | 0.35 | | | |  | | | |
| 7 |  | | |  | | | | | | 0.33 | | | |  | | | |
| 8 |  | | |  | | | | | | 0.42 | | | |  | | | |
| 9 |  | | |  | | | | | | 0.48 | | | |  | | | |
| 10 |  | | |  | | | | | | 0.54 | | | |  | | | |
| 11 |  | | |  | | | | | | 0.64 | | | |  | | | |
| 12 |  | | |  | | | | | | 0.57 | | | |  | | | |
| 13 |  | | |  | | | | | | 0.66 | | | |  | | | |
| 14 |  | | |  | | | | | | 0.84 | | | |  | | | |
| 15 |  | | |  | | | | | | 0.66 | | | |  | | | |
| 16 |  | | |  | | | | | | 0.52 | | | |  | | | |
| 17 |  | | |  | | | | | | 0.20 | | | |  | | | |
| 18 |  | | |  | | | | | | 0.59 | | | |  | | | |
| 19 |  | | |  | | | | | | 0.48 | | | |  | | | |
| 20 |  | | |  | | | | | | 0.42 | | | |  | | | |
| 21 |  | | |  | | | | | | 0.62 | | | |  | | | |
| 22 |  | | |  | | | | | | 0.84 | | | |  | | | |
| 23 |  | | |  | | | | | | 0.88 | | | |  | | | |
| 24 |  | | |  | | | | | | 0.77 | | | |  | | | |
| 25 |  | | |  | | | | | | 0.56 | | | |  | | | |
| 26 |  | | |  | | | | | | 0.70 | | | |  | | | |
| 27 |  | | |  | | | | | | 0.78 | | | |  | | | |
| 28 |  | | |  | | | | | | 0.43 | | | |  | | | |
| 29 |  | | |  | | | | | | 1.10 | | | |  | | | |
| 30 |  | | |  | | | | | | 0.94 | | | |  | | | |
| 31 |  | | |  | | | | | | 0.35 | | | |  | | | |
| 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** | | | | | | **GWS Serving More Than 3,300** | | | | | | | | | | | | |
| 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.* | | | | | | | | | | Date continuous monitoring equipment failed:        /       /  Date it was returned to service:          /       / | | |
| Printed Name: TONY CHURCH | | | | | | | | | Title: DOM | | | | Operator Certification #: | | | | | |
| Signature: | | | | | | | | | Phone #: ( 541) 997-7191 | | | | OR | | | | | |
| Date: 06 / 02 / 2025 | | | | | | | | |  | | | | Small Groundwater System | | | | | |

December 19, 2012