|  |  |  |  |
| --- | --- | --- | --- |
| 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 [x]  NoIf 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 [ ]  NoIf 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 [x]  |

December 19, 2012