

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  /

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	.62	
2			1.31	
3			.43	
4			.98	
5			.97	
6			.81	
7			.87	
8			.85	
9			1.48	
10			.72	
11			.67	
12			.69	
13			.83	
14			.76	
15			.81	
16			.67	
17			.73	
18			.76	
19			.98	
20			1.10	
21			1.07	
22			.92	
23			.64	
24			1.19	
25			.34	
26			1.04	
27			.33	
28			1.06	
29				
30				
31				

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.*

**GWS Serving More Than 3,300**

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: Jay Chinn

Title: DOM

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: (541) 997-7191

OR

Date: 03 / 02 / 2026

Small Groundwater System