

Monthly Disinfection Report for Ground Water Systems

System Name Rodeway Inn Rice Hill

PWS ID# 41 94803

Month/Year 01/01/21

Entry Point: Hose at Pool House

Required Minimum Residual 1.0 mg/L

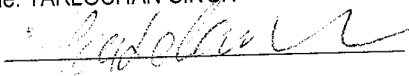
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12.30pm	AA	1.2	
2	2.15pm	AA	1.2	
3	10.30am	AA	1.2	
4	1.40pm	AA	1.2	
5	2.30pm	AA	1.2	
6	3.25pm	AA	1.2	
7	2pm	AA	1.2	
8	1.35pm	AA	1.2	
9	11.25pm	1.2	1.2	
10	12.55pm	AA	1.2	
11	12.30pm	AA	1.2	
12	1pm	AA	1.2	
13	10.25am	AA	1.2	
14	12.30pm	AA	1.2	
15	2pm	AA	1.2	
16	3.45pm	AA	1.2	
17	1.15pm	AA	1.2	
18	2PM	AA	1.2	
19	1.30PM	AA	1.2	
20	10.40am	AA	1.2	
21	10.15am	AA	1.2	
22	9.05AM	AA	1.2	
23	2.25pm	AA	1.2	
24	11.50am	AA	1.2	
25	12PM	AA	1.2	
26	3.30PM	AA	1.2	
27	1.25pm	AA	1.2	
28	11.45am	AA	1.2	
29	3.40pm	AA	1.2	
30	1.25pm	AA	1.2	
31	2.30pm	AA	1.2	

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.

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: TARLOCHAN SINGH Title: GM
 Signature:  Phone #: (5418493335)
 Date: 01 / 31 / 21

Operator Certification #:
 OR
 Small Groundwater System