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

Month/Year	System Name Rodeway Inn Rice Hill				PWS ID# 4 1 94803			
Date   Time   Source(s) in use   residual at entry point to   distribution system (mg/L)	Month/Year 8/1/22 Entry Point: Hose at Pool House Required Minimum Residual 1.0 mg/L							
2   9.45am   AA	Date	Time	Source(s) i	n use	residual at entry point to	)	Notes	
3   9.20am   AA	1	11.25am	AA	•	1.2			
3   9.20am   AA	2	9.45am	AA		1.2			
5   9.35am   AA	3	9.20am	AA				•	
6 9.15am AA 1.2 7 9am AA 1.2 9 9.25am AA 1.2 9 9.25am AA 1.2 10 9.15am AA 1.2 11 10am AA 1.2 12 9.25am AA 1.2 13 9.30am AA 1.2 14 9.50am AA 1.2 15 9.45am AA 1.2 16 10am AA 1.2 17 1.30pm AA 1.2 18 11.30am AA 1.2 19 12pm AA 1.2 18 11.30am AA 1.2 19 12pm AA 1.2 19 12pm AA 1.2 20 10.20am AA 1.2 21 10am AA 1.2 22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 20 10.05am AA 1.2 21 10am AA 1.2 22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 20 10.05am AA 1.2 20 10.05am AA 1.2 21 10am AA 1.2 22 10.05am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 20 10.05am AA 1.2 20 10.05am AA 1.2 21 10am AA 1.2 22 10.05am AA 1.2 23 10am AA 1.2 24 10.05am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 10.05am AA 1.2 29 9am AA 1.2 20 10.05am AA 1.2 20 10.05am AA 1.2 21 10am AA 1.2 22 10.05am AA 1.2 23 10am AA 1.2 24 10.05am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 10am AA 1.2 29 10am AA 1.2 20 10am AA 1.2 20 10am AA 1.2 20 10am AA 1.2 20 10am AA 1.2 21 10am AA 1.2 22 10am AA 1.2 23 10am AA 1.2 24 10am AA 1.2 25 10am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 10am AA 1.2 29 10am AA 1.2 20 10am AA	4	10.10am	AA		1.2			
7   9am	5	9.35am	`AA	· ·	1.2			
8   9.50am   AA	6	9.15am	AA		1.2			
9 9.25am AA 1.2 10 9.15am AA 1.2 11 10am AA 1.2 12 9.25am AA 1.2 13 9.30am AA 1.2 14 9.50am AA 1.2 15 9.45am AA 1.2 16 10am AA 1.2 17 1.30pm AA 1.2 18 11.30am AA 1.2 19 12pm AA 1.2 19 12pm AA 1.2 19 12pm AA 1.2 20 10.20am AA 1.2 21 10am AA 1.2 22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 29 9am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 32 10.55am AA 1.2 33 19am AA 1.2 34 1.2 35 10.40am AA 1.2 36 10.05am AA 1.2 37 10am AA 1.2 38 9.50am AA 1.2 39 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 31 9am AA 1.2 32 99am AA 1.2 33 19am AA 1.2 34 9.50am AA 1.2 35 10.40am AA 1.2 36 10.05am AA 1.2 37 10am AA 1.2 38 9.50am AA 1.2 39 9am AA 1.2 30 9.20am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 31 9am AA 1.2 32 10am AA 1.2 33 10am AA 1.2 34 9.50am AA 1.2 35 10.40am AA 1.2 36 9.50am AA 1.2 37 10am AA 1.2 38 9.50am AA 1.2 39 9am AA 1.2 40 9.50am AA 1.2 41 9.50am AA 1.2 42 9.50am AA 1.2 43 10am AA 1.2 44 9.50am AA 1.2 45 10.40am AA 1.2 46 10.05am AA 1.2 47 10am AA 1.2 48 9.50am AA 1.2 49 9am AA 1.2 40 9.50am AA 1.2 41 9am AA 1.2 41 9am AA 1.2 42 9.40am AA 1.2 43 10am AA 1.2 44 9.45am AA 1.2 45 10.40am AA 1.2 46 10.05am AA 1.2 47 10am AA 1.2 48 9.50am AA 1.2 49 9am AA 1.2 40 1.20am AA 1.2 40 1.20am AA 1.2 41 1.20am AA 1.2	7	9am	AA		1.2			
10   9.15am   AA	. 8	9.50am	AA .		1.2			
11   10am   AA	9	9.25am	AA		1.2			
12   9.25am   AA	10	9.15am	AA		1.2			
13   9.30am   AA   1.2	11	10am	AA		1.2			
13   9.30am   AA	12	9.25am	AA					
15	13	9.30am	AA	.,	1.2			
15	14	9.50am	AA		1.2			
17	15	9.45am	AA					
18	16	10am	AA		1.2	· ·		
19	17	1.30pm	AA		1.2	ŧ		
20 10.20am AA 1.2 21 10am AA 1.2 22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.	18	11.30am	AA		1.2			
21 10am AA 1.2 22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 31 9a	19	12pm	AA		1.2			
22 10.25am AA 1.2 23 10am AA 1.2 24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 Was the chlorine residual ever less than the required minimum residual of less, what was the longest time period until the required level was restored? hours -  f > 4 hour	20	10.20am	AA		1.2			
23   10am   AA   1.2   24   9.45am   AA   1.2   25   10.40am   AA   1.2   26   10.05am   AA   1.2   27   10am   AA   1.2   28   9.50am   AA   1.2   29   9am   AA   1.2   30   9.20am   AA   1.2   31   9am   AA   1.2   Was the chlorine residual ever less than the required minimum residual of lf yes, what was the longest time period until the required level was restored? hours −  f > 4 hours, Drinking Water Program to be notified by end of next business day.  GWS Serving 3,300 or Fewer lf yes, did you monitor every four hours until the residual returned to mg/L as required?	21	10am	AA		1.2			
24 9.45am AA 1.2 25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 Was the chlorine residual ever less than the required minimum residual of lf 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 lf yes, did you monitor every four hours until the residual returned to mg/L as required?	22	10.25am	AA		1.2			
25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 Was the chlorine residual ever less than the required minimum residual of residual ever less than 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 funtil 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 those results and submit them with this form.  Printed Name: TARLOCHAN SINGH Title: GM Operator Certification #: Signature: Phone #: (5418493335) OR	23	10am	AA	***************************************	1.2		•	
25 10.40am AA 1.2 26 10.05am AA 1.2 27 10am AA 1.2 28 9.50am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2 Was the chlorine residual ever less than the required minimum residual of residual ever less than 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 funtil 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 those results and submit them with this form.  Printed Name: TARLOCHAN SINGH Title: GM Operator Certification #: Signature: Phone #: (5418493335) OR	24	9.45am	AA		1.2			
1.2   28   9.50am   AA   1.2   29   9am   AA   1.2   30   9.20am   AA   1.2   31   9am   AA   1.2   3am   Aa	25	10.40am	AA				· · · · · · · · · · · · · · · · · · ·	
10am   AA   1.2   28   9.50am   AA   1.2   29   9am   AA   1.2   30   9.20am   AA   1.2   31   9am   AA   1.2   31   9am   AA   1.2   32   34   35   36   37   38   38   38   38   38   38   38	26	10.05am	AA		1.2			
28 9.50am AA 1.2 29 9am AA 1.2 30 9.20am AA 1.2 31 9am AA 1.2  Was the chlorine residual ever less than the required minimum residual of lyes, what was the longest time period until the required level was restored? hours − lf > 4 hours, Drinking Water Program to be hours − lf > 4 hours, Drinking Mater Program to be hours − lf > 4 hours, Drinking Water Program	27	10am	AA		1.2			
30 9.20am AA 1.2  Was the chlorine residual ever less than the required minimum residual of 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.  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 those results and submit them with this form.  Printed Name: TARLOCHAN SINGH  Title: GM  Operator Certification #:  OR	28	9.50am						
Signature:     Sig	29	9am	AA		1,2			
Was the chlorine residual ever less than the required minimum residual of 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.  Printed Name: TARLOCHAN SINGH Title: GM  Phone #: (5418493335)  RWS Serving More Than 3,300  GWS Serving More Than 3,300  Date 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.  Phone #: (5418493335)  OR	30	9.20am	AA		1.2			
If yes, what was the longest time period until the required level was restored?    Nours - If > 4 hours, Drinking Water Program to be hours - If > 4 hours, Drinking Water - If > 4 hours - If > 4 hours, Drinking Water -	31	9am	AA		1.2		The same of the sa	
If yes, what was the longest time period until the required level was restored?    Nours - If > 4 hours, Drinking Water Program to be hours - If > 4 hours, Drinking Water - If > 4 hours - If > 4 hours, Drinking Water -	Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ No							
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.  Printed Name: TARLOCHAN SINGH  Signature: ☐ Phone #: (5418493335)  GWS Serving More Than 3,300  Date 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.  Operator Certification #:  OR								
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If yes, did you monitor every four hours that 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.  Printed Name: TARLOCHAN SINGH  Title: GM  Operator Certification #:  OR	GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
tuntil the residual returned to as required? Yes No  Attach those results and submit them with this form.  Printed Name: TARLOCHAN SINGH  Signature:  Printed Variable of this form in the residual returned to mg/L as required? Yes No  Attach grab sample results and submit them with this form.  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.  Phone #: (5418493335)  OR							f	
Attach those results and submit them with this form.  If yes, were grab samples collected every four nours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form.  Printed Name: TARLOCHAN SINGH  Title: GM  Operator Certification #:  Signature:  Phone #: (5418493335)  OR	until the residual returned to mg/L report				orting month? Yes No equipment failed:			
Printed Name: TARLOCHAN SINGH Title: GM Operator Certification #: Signature: Phone #: (5418493335) OR	Attach those results and submit them with continue				uous monitoring equipment was returned to service as			
Signature: Phone #: (5418493335) OR		٠		Attach grab sample results and submit them w		with this form.		
	Printed Name: TARLOCHAN SINGH Tit				: GM	Operator Certification #:		
Date: 8 / 31 / 22 Small Groundwater System ⊠	Signature: Pho				ne #: (5418493335)	OR		
	Date: 8	/ 31 / 22				Small G	roundwater System 🖂	