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

System	n Name	Rodeway Inn Rice Hi		P	WS ID# 41 9	94803	
Month/	Year 03	/01/24 Entry Po	int: Hose at F	Pool House Re	quired Minimum	Residual 1.0 mg/L	
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/l		Notes	
1	2PM	AA '		1.2			
2	2.10PM	AA		1.2			
3	9am	AA		1.2			
4	9.25am	AA		1.2			
5	9.10am	AA		1.2			
6	9.05am	AA		1.2			
7	10.25am	AA		1.2			
8	10.10am	AA		1.2			
9	9.55am	AA		1.2			
10	9.35am	AA		1.2			
11	9.05am	AA		1.2			
12	9.10am	AA		1.2			
13	2pm	AA		1.2			
14	1.30pm,	AA		1.2			
15	11.30am	AA		1.2			
16	11am	AA		1.2			
17	12pm	AA		1.2			
18	11.30am	AA		1.2			
19	10.10am	AA	PACE VIOLE	1.2			
20	10.30am	AA		1.2			
21	10.45am	AA		1.2			
22	9.25am	AA		1.2	LUMINOS I E PO I I		
23	9am	AA		1.2			
24	10.40am	AA		1.2			
25	,11.10am	AA		1.2			
26	11am	AA .		1.2			
27	9.45am	AA	missing a real	1.2			
28	10.25am	AA		1.2			
29	10.05am	AA *		1.2			
30	4.30pm	AA		1.2			
31	9.25am	AA		1.2			
Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ No							
If yes, v	what was the	longest time period unti	The state of the s			Prinking Water Program to be	
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			Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring equipment failed:		
as required? Yes No			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?   Yes  No			1 1	
Attach those results and submit them with this form.						Date it was returned to service:	
			Attach grab sample results and submit them with this form.		1 1		
Printed N	Name: TARL	OCHAN SINGH	Title	e: GM	Operator Certification #;		
Signature	Signature:						
Date: 03 / 31 / 2024 Small Groundwater System ⊠							