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

	n Name /Year : 01/	Rodeway Inn Rice H 01/25 Entry P			WS ID# 41 quired Minimun	94803 n 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	10.10am	AA		1.2		
2	9.40am	AA		1.2		
3	11am	AA		1.2		
4	11.45am	AA		1.2	N. Carlot	
5	11.15am	AA		1.2	A POLICE TO	
6	10.40am	AA	Latin	1.2		
7	10am	AA		1.2	1 - 2 - 7 - 7	
8	10.20am	AA		1.2		
9	1.05am	AA		1.2		
10	10.55am	AA		1.2		
11	9.50am	AA		1.2		
12	9.15am	AA		1.2	4 3000	
13	2pm	AA		1.2		
14	9.20am	AA		1.2		
15	10.30am	AA		1.2		
16	9.25am	AA		1.2		
17	11am	AA		1.2		
18	8.55am	AA		1.2		
19	9.25am	AA		1.2		
20	9.15am	AA		1.2		
21	11.10am	AA		1.2		
22	11.55am	AA		1.2		
23	11.20am	AA	CORP.	1.2		
24	11.30am	AA		1.2		
25	11.40am	AA		1.2		
26	9.25am	AA		1.2		
27	9.20am	AA	1	1.2	L Alexandre	
28	9.15am	AA		1.2		
29		AA				
30		AA		Returned to the same	- FEET 12	
31		AA			1000	
If yes,	what was the	sidual ever less than the longest time period un	e required minim		And the second s	Drinking Water Program to be
		ext 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 3,3 Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring equipment failed:
			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes No		/ / Date it was returned to service:	
			Attach grab sa	ample results and submit them	with this form.	1 1
Signatur		OCHAN SINGH	Title: GM Phone #: (5418493335)			tor Certification #: OR
Date: 01/31/2025 Small Groundwater System 🛛						

December 19, 2012