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

System Month/	Name	Rodeway Inn Rice Hi /01/25 Entry Po			VS ID# 41 9	94803 Residual 1.0 mg/L	
Date	Time	Source(s) i		Lowest free chlorine residual at entry point to distribution system (mg/L		Notes	
1	9.20am	ÀA		1.2	N		
2	9.30am	AA		1.2			
3	12pm	AA		1.2			
4	9.25am	AA		1.2			
5	10am	AA		1.2			
6	11.5am	AA		1.2			
7	11.45am	AA		1.2			
8	9.55am	AA		1.2			
9	9.20am	AA		1.2			
10	10.55am	AA		1.2			
11	10.30am	AA		1.2			
12	11am	AA		1.2			
13	12pm	AA		1.2			
14	9am	AA		1.2			
15	9.15am	AA		1.2			
16	9.20am	AA		1.2			
17	8.55am	AA		1.2	1 (11)		
18	9am	AA		1.2			
19	1.15pm	AA		1.2			
20	10.55am	AA		1.2			
21	9.45am	AA		1.2			
22	9.50am	AA		1.2	1000		
23	9.15am	AA		1.2			
24	10.20am	AA		1.2			
25	9.25am	AA		1.2	100000		
26	10am	AA ·		1.2			
27	9.45am	AA		1.2			
28	11.05am	AA		1.2			
29	9.15am	- AA		1.2			
30	10am	AA		1.2			
31	11.25am	AA		1.2			
Was th	e chlorine res	sidual ever less than the longest time period untext business day.		um residual of mg/L?	Yes ⊠ No s – If > 4 hours, D	Prinking Water Program to be	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						300	
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 continuous monitoring equipment was returned to service required?  Yes No		any time this	Date continuous monitoring equipment failed: / / Date it was returned to service: /	
			Attach grab sample results and submit them with this form.		1 1		
Printed Name: TARLOCHAN SINGH Title: GM					Operator Certification #:		
Signature: Phone #: (5418493335)						OR	
Date: 0	Date: 07 / 31 / 2025					Small Groundwater System 🖂	