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

Systen Month/	n Name Year 08	Rodeway Inn Rice H				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	10.15am	AA		1.2	5 SUN 19 SUN	
2	9.45am	AA		1.2		
3	11.25am	AA		1.2		
4	11.10am	AA		1.2	de la Contra	
5	9.25am	·AA		1.2		
6	10am	AA		1.2	SALP MAN	
7.	9.20am	AA	AUTO I	1.2	A LANGE WE	
8	9.30am	AA	THE PERSON	1.2		
9	9.05am	AA		1.2		
10	9.45am	AA		1.2		
11	10.10am	AA		1.2		
12	9.50am	AA		1.2		7
13	9.25am	AA		1.2		
14	9.15am	AA		1.2		
15	9am	AA		1.2		
16 -	11.15am	AA		1.2	10000	
17	10.40am	AA	(10 E 10 S.)	1.2		
18	10.25am	AA		1.2		
19	10am	AA		1.2		
20	10.10am	AA		1.2		
21	10.15am	AA		1.2		
22	9.55am	AA		1.2		
23	10.20am	AA		1.2		
24	9.50am	AA		1.2		
25	10.10am	AA	3 / 9 / 0 / 0 /	1.2		
26	11.25am	AA .		1.2		
27	9am	AA		1.2		
28	10.40am	AA		1.2		
29	9.25AM	-AA		1.2		
30	9AM	AA		1.2		
31	9.45AM	AA		1,2		
If yes,	what was the	sidual ever less than the longest time period unt ext business day.			☐ Yes ☑ No s – <u>If > 4 hours, D</u>	Orinking 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 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			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 Attach grab sample results and submit them with this form.		Date it was returned to service:	
Printed Name: TARLOCHAN SINGH Title: GM Operator Certification #:						or Certification #:
Signature: Phone #: (5418493335) OR						
Date: 08 / 31 / 2025 Small Groundwater System 🗵						
State. 507 577 2025						