

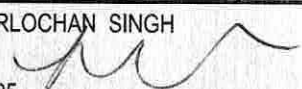
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name		Rodeway Inn Rice Hill		PWS ID#	4 1 94803
Month/Year	10/01/25	Entry Point:	Hose at Pool House	Required Minimum 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	9.45am	AA	1.2	
3	10am	AA	1.2	
4	11.25	AA	1.2	
5	9.50am	AA	1.2	
6	9am	AA	1.2	
7	12.30pm	AA	1.2	
8	9.15am	AA	1.2	
9	9.45am	AA	1.2	
10	10.10am	AA	1.2	
11	9.25am	AA	1.2	
12	9am	AA	1.2	
13	11.15am	AA	1.2	
14	10.55am	AA	1.2	
15	9am	AA	1.2	
16	10am	AA	1.2	
17	11.25am	AA	1.2	
18	1pm	AA	1.2	
19	10am	AA	1.2	
20	9.25am	AA	1.2	
21	9am	AA	1.2	
22	9.55am	AA	1.2	
23	10.10am	AA	1.2	
24	11.15am	AA	1.2	
25	10.40am	AA	1.2	
26	11am	AA	1.2	
27	2.45pm	AA	1.2	
28	11.35am	AA	1.2	
29	1pm	AA	1.2	
30	10.25am	AA	1.2	
31	9am	AA	1.2	

Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ No
 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Attach those results and submit them with this form.</i>	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>
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Printed Name: TARLOCHAN SINGH Signature:  Date: 10 / 31 / 2025	Title: GM Phone #: (5418493335)	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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December 19, 2012