

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **July 2021**

Entry Point: **A** 

Required Minimum Residual : **Variable – see column headers**

Date	Time	Source(s) in use	Lowest free chlorine residual at WTP influent (minimum 0.1 mg/L)	In emergency, when influent not met – use filter trains and monitor at CFE (minimum 0.3 mg/L)	Notes
1	13:10	Intake	0.42		
2	23:35	Intake	0.47		
3	19:35	Intake	0.47		
4	04:15	Intake	0.44		
5	19:00	Intake	0.47		
6	15:30	Intake	0.29		
7	18:35	Intake	0.48		
8	16:40	Intake	0.43		
9	23:50	Intake	0.48		
10	15:50	Intake	0.46		
11	04:20	Intake	0.48		
12	18:10	Intake	0.47		
13	03:20	Intake	0.48		
14	19:30	Intake	0.47		
15	11:45	Intake	0.17		
16	11:45	Intake	0.13		
17	03:15	Intake	0.48		
18	04:55	Intake	0.48		
19	16:40	Intake	0.49		
20	11:20	Intake	0.25		
21	11:40	Intake	0.46		
22	02:30	Intake	0.44		
23	12:50	Intake	0.34		
24	19:55	Intake	0.45		
25	05:15	Intake	0.45		
26	21:45	Intake	0.45		
27	04:05	Intake	0.44		
28	04:45	Intake	0.43		
29	22:45	Intake	0.48		
30	15:10	Intake	0.48		
31	14:55	Intake	0.45		

Was the chlorine residual ever less than the required minimum residual of 0.10 mg/L? Yes  No

If yes, what was the longest time period until the required level was restored? 0.3 hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Mark Haglund

Title: Operations Supervisor

Operator Certification #: T-6161 FE

Signature: 

Phone #: (541) 412-0424

OR

Date: 08 / 03 / 2021

Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**