

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **9-2021**

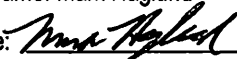
Entry Point: **A**

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	07:00	Intake	0.50		
2	21:00	Intake	0.51		
3	12:35	Intake	0.40		
4	16:55	Intake	0.51		
5	21:35	Intake	0.42		
6	11:55	Intake	0.41		
7	01:10	Intake	0.51		
8	19:35	Intake	0.49		
9	23:30	Intake	0.50		
10	19:45	Intake	0.39		
11	20:10	Intake	0.35		
12	12:50	Intake	0.39		
13	11:20	Intake	0.35		
14	22:25	Intake	0.36		
15	13:20	Intake	0.36		
16	14:10	Intake	0.35		
17	08:15	Intake	0.34		
18	17:45	Intake	0.32		
19	08:05	Intake	0.22		
20	08:35	Intake	0.40		
21	04:40	Intake	0.38		
22	14:10	Intake	0.37		
23	13:40	Intake	0.29		
24	21:30	Intake	0.32		
25	17:00	Intake	0.31		
26	16:05	Intake	0.39		
27	14:45	Intake	0.29		
28	21:00	Intake	0.22		
29	01:35	Intake	0.35		
30	02:40	Intake	0.41		
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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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<p>Printed Name: Mark Haglund</p> <p>Signature: </p> <p>Date: 10/1/21</p>	<p>Title: Operations Supervisor</p> <p>Phone #: (541) 412-0424</p>	<p>Operator Certification #: 6161</p> <p align="center">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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**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.**