

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **12/2021**

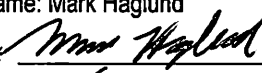
Entry Point: **A**

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	07:45	Intake	0.44		
2	07:30	Intake	0.45		
3	09:50	Intake	0.47		
4	03:50	Intake	0.47		
5	06:00	Intake	0.49		
6	06:50	Intake	0.48		
7	16:00	Intake	0.50		
8	07:45	Intake	0.20		
9	07:00	Intake	0.32		
10	13:25	Intake	0.32		
11	10:15	Intake	0.46		
12	18:50	Intake	0.43		
13	17:05	Intake	0.42		
14	01:35	Intake	0.43		
15	09:00	Intake	0.14		
16	11:00	Intake	0.00		11:00 to 11:10
17	10:15	Intake	0.50		
18	17:35	Intake	0.46		
19	10:15	Intake	0.43		
20	09:10	Intake	0.44		
21	07:20	Intake	0.48		
22	12:15	Intake	0.48		
23	11:30	Intake	0.45		
24	12:55	Intake	0.27		
25	11:45	Intake	0.49		
26	02:20	Intake	0.03		13:45 to 14:25 and 20:05 to 20:15
27	12:55	Intake	0.44		
28	09:10	Intake	0.47		
29	14:00	Intake	0.05		13:45 to 14:15 and 19:25 to 19:35 and 19:45 to 19:55
30	11:25	Intake	0.00		10:45 to 11:40 and 11:45 to 11:50
31	11:25	Intake	0.47		

Was the chlorine residual ever less than the required minimum residual of 0.10 mg/L? Yes No (see above)
 If yes, what was the longest time period until the required level was restored? 0.67 hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</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 align="center">GWS Serving More Than 3,300</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>

Printed Name: Mark Haglund Signature:  Date: 1/10/22	Title: Operations Supervisor Phone #: (541) 412-0424	Operator Certification #: 6161 OR Small Groundwater System <input type="checkbox"/>
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