

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **01/2022**

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 & monitor at Entry Pt (minimum 0.3 mg/L)	Notes
1	17:30	Intake	0.03		15:05 to 15:30 and 13:50 to 15:50
2	00:05	Intake	0.31		
3	13:00	Intake	0.16		
4	00:25	Intake	0.09		00:25 to 00:30
5	07:05	Intake	0.44		
6	07:30	Intake	0.46		
7	15:20	Intake	0.40		
8	22:35	Intake	0.47		
9	13:35	Intake	0.03		12:50 to 13:45
10	13:00	Intake	0.05		12:00 to 12:20 and 13:00 to 13:05
11	02:40	Intake	0.44		
12	17:05	Intake	0.44		
13	15:35	Intake	0.45		
14	15:40	Intake	0.45		
15	08:00	Intake	0.51		
16	20:10	Intake	0.51		
17	23:55	Intake	0.50		
18	20:15	Intake	0.50		
19	16:40	Intake	0.40		
20	06:35	Intake	0.45		
21	10:45	Intake	0.10		
22	06:30	Intake	0.47		
23	09:30	Intake	0.47		
24	10:00	Intake	0.48		
25	04:30	Intake	0.48		
26	23:00	Intake	0.50		
27	10:15	Intake	0.45		
28	17:15	Intake	0.49		
29	18:25	Intake	0.49		
30	15:00	Intake	0.00		13:45 to 15:15
31	07:50	Intake	0.50		

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? 2 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	Title: Operations Supervisor/Jacobs	Operator Certification #: T-6161 FE
Signature: <i>Mark Haglund</i>	Phone #: (541) 412-0424	OR
Date: 2 1 9 1 2 2		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.