

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **\_03/2022**

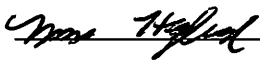
Entry Point: **A**

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	14:20	Intake	0.20		
2	23:30	Intake	0.44		
3	07:35	Intake	0.41		
4	08:30	Intake	0.43		
5	00:10	Intake	0.43		
6	11:20	Intake	0.37		
7	04:50	Intake	0.48		
8	07:20	Intake	0.48		
9	19:00	Intake	0.49		
10	04:50	Intake	0.48		
11	09:35	Intake	0.48		
12	09:45	Intake	0.47		
13	08:50	Intake	0.43		
14	12:50	Intake	0.41		
15	10:50	Intake	0.44		
16	20:25	Intake	0.46		
17	05:05	Intake	0.46		
18	08:30	Intake	0.39		
19	11:00	Intake	0.43		
20	14:50	Intake	0.50		
21	03:40	Intake	0.47		
22	21:40	Intake	0.49		
23	23:20	Intake	0.46		
24	00:25	Intake	0.50		
25	00:15	Intake	0.51		
26	12:20	Intake	0.50		
27	20:15	Intake	0.48		
28	23:45	Intake	0.50		
29	07:10	Intake	0.47		
30	04:15	Intake	0.50		
31	15:45	Intake	0.49		

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.

<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 align="center"><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>	

Printed Name: <b>Mark Haglund</b>	Title: <b>Operations Supervisor</b>	Operator Certification #: <b>T-6161 FE</b>
Signature: 	Phone #: <b>(541) 412-0424</b>	OR
Date: <b>04 / 01 / 2022</b>		Small Groundwater System <input type="checkbox"/>

**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.**