

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **06/2022**

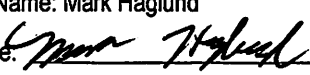
Entry Point: **A**

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	22:25	Intake	0.47		
2	19:00	Intake	0.48		
3	06:35	Intake	0.48		
4	18:50	Intake	0.49		
5	21:40	Intake	0.45		
6	19:35	Intake	0.46		
7	06:05	Intake	0.46		
8	17:30	Intake	0.45		
9	06:35	Intake	0.45		
10	09:50	Intake	0.46		
11	08:35	Intake	0.41		
12	23:10	Intake	0.32		
13	12:00	Intake	0.34		
14	07:45	Intake	0.47		
15	13:10	Intake	0.30		
16	22:40	Intake	0.23		
17	03:45	Intake	0.24		
18	21:35	Intake	0.49		
19	13:25	Intake	0.48		
20	21:15	Intake	0.46		
21	06:50	Intake	0.47		
22	14:00	Intake	0.42		
23	01:40	Intake	0.45		
24	04:40	Intake	0.46		
25	04:25	Intake	0.47		
26	05:00	Intake	0.47		
27	12:15	Intake	0.47		
28	22:25	Intake	0.49		
29	08:35	Intake	0.46		
30	02:05	Intake	0.39		
31					

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>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> <table border="0"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Mark Haglund Signature:  Date: 07 / 08 / 2022	Title: Operations Supervisor - Jacobs Phone #: (541) 412-0424	Operator Certification #: T-6161 II FE OR Small Groundwater System <input type="checkbox"/>
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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.