

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **08/2022**

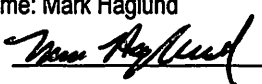
Entry Point: **A**

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	06:30	Intake	0.49		
2	23:50	Intake	0.01		22:45 8/2 until
3	01:00	Intake	0.00		01:10 8/3 below 0.1 Cl2
4	02:20	Intake	0.47		
5	06:05	Intake	0.47		
6	22:05	Intake	0.49		
7	05:40	Intake	0.48		
8	19:20	Intake	0.49		
9	19:30	Intake	0.48		
10	22:35	Intake	0.48		
11	21:25	Intake	0.50		
12	23:10	Intake	0.47		
13	23:50	Intake	0.28		
14	17:55	Intake	0.49		
15	17:50	Intake	0.33		
16	10:25	Intake	0.30		
17	02:45	Intake	0.39		
18	04:00	Intake	0.48		
19	21:35	Intake	0.48		
20	20:55	Intake	0.49		
21	14:50	Intake	0.33		
22	18:20	Intake	0.48		
23	04:50	Intake	0.47		
24	22:15	Intake	0.48		
25	09:15	Intake	0.48		
26	05:50	Intake	0.48		
27	07:35	Intake	0.48		
28	08:10	Intake	0.48		
29	22:05	Intake	0.49		
30	21:15	Intake	0.49		
31	07:50	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? **2.42 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> <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: <b>Mark Haglund</b> Signature:  Date: <b>09/02/2022</b>	Title: <b>Operations Supervisor - Jacobs</b> Phone #: <b>(541) 412-0424</b>	Operator Certification #: <b>T-6161 II FE</b> OR Small Groundwater System <input type="checkbox"/>
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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.