

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **10/2022**

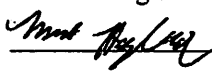
Entry Point: **A**

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	01:15	Intake	0.48		
2	11:35	Intake	0.47		
3	16:35	Intake	0.48		
4	23:55	Intake	0.50		
5	17:20	Intake	0.49		
6	06:50	Intake	0.49		
7	13:20	Intake	0.38		
8	18:40	Intake	0.37		
9	03:15	Intake	0.35		
10	09:50	Intake	0.37		
11	04:05	Intake	0.11		
12	21:15	Intake	0.38		
13	16:20	Intake	0.44		
14	21:20	Intake	0.55		
15	09:00	Intake	0.38		
16	18:10	Intake	0.52		
17	18:40	Intake	0.53		
18	23:55	Intake	0.53		
19	22:15	Intake	0.40		
20	12:15	Intake	0.39		
21	12:35	Intake	0.40		
22	22:50	Intake	0.37		
23	15:25	Intake	0.36		
24	11:20	Intake	0.38		
25	13:45	Intake	0.38		
26	15:40	Intake	0.39		
27	19:20	Intake	0.39		
28	17:40	Intake	0.38		
29	23:10	Intake	0.35		
30	16:15	Intake	0.38		
31	17:30	Intake	0.39		

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> <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 T2 FE
Signature: 	Phone #: (541) 412-0424	OR
Date: 11 / 04 / 2022		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.