

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

System Name **Brookings**

PWS ID# 4 1 00149

Month/Year **03/2023**

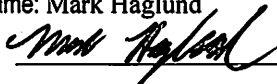
Entry Point: **A**

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	21:25	SRC-AA	0.20		
2	03:20	SRC-AA	0.14		
3	06:40	SRC-AA	0.21		
4	10:35	SRC-AA	0.10		
5	23:45	SRC-AA	0.18		
6	05:25	SRC-AA	0.15		
7	06:25	SRC-AA	0.11		
8	15:20	SRC-AA	0.17		
9	17:30	SRC-AA	0.09		17:15-17:30 0.25 hrs
10	16:15	SRC-AA	0.12		
11	22:45	SRC-AA	0.14		
12	06:15	SRC-AA	0.14		
13	23:55	SRC-AA	0.01		21:35-00:40 3.08 hrs
14	00:35	SRC-AA	0.01		See 3/13 Note
15	03:20	SRC-AA	0.28		
16	17:50	SRC-AA	0.22		
17	02:40	SRC-AA	0.22		
18	23:55	SRC-AA	0.37		
19	05:30	SRC-AA	0.19		
20	03:10	SRC-AA	0.22		
21	11:00	SRC-AA	0.15		
22	06:00	SRC-AA	0.21		
23	06:00	SRC-AA	0.16		
24	06:25	SRC-AA	0.21		
25	20:35	SRC-AA	0.12		
26	03:35	SRC-AA	0.15		
27	13:20	SRC-AA	0.20		
28	07:20	SRC-AA	0.18		
29	19:45	SRC-AA	0.13		
30	16:25	SRC-AA	0.17		
31	01:50	SRC-AA	0.24		

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? **3.08 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>04 / 03 / 2023</b>	Title: <b>Operations Supervisor - Jacobs</b> Phone #: <b>(541) 412-0424</b>	Operator Certification #: <b>6161 T2 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@odhsoha.oregon.gov](mailto:DWP.DMCE@odhsoha.oregon.gov); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**