

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **04/2023**

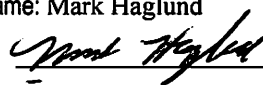
Entry Point: **A**

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	08:35	SRC-AA	0.18		
2	03:00	SRC-AA	0.16		
3	10:40	SRC-AA	0.17		
4	21:45	SRC-AA	0.12		
5	04:30	SRC-AA	0.17		
6	10:00	SRC-AA	0.13		
7	12:25	SRC-AA	0.29		
8	04:50	SRC-AA	0.25		
9	09:25	SRC-AA	0.28		
10	04:25	SRC-AA	0.21		
11	05:30	SRC-AA	0.26		
12	03:20	SRC-AA	0.18		
13	14:05	SRC-AA	0.21		
14	06:30	SRC-AA	0.18		
15	23:30	SRC-AA	0.13		
16	06:45	SRC-AA	0.24		
17	05:20	SRC-AA	0.20		
18	11:30	SRC-AA	0.15		
19	22:40	SRC-AA	0.15		
20	08:40	SRC-AA	0.24		
21	07:00	SRC-AA	0.21		
22	11:25	SRC-AA	0.18		
23	06:00	SRC-AA	0.16		
24	00:25	SRC-AA	0.18		
25	07:25	SRC-AA	0.14		
26	17:40	SRC-AA	0.36		
27	04:35	SRC-AA	0.16		
28	17:55	SRC-AA	0.23		
29	06:15	SRC-AA	0.18		
30	06:45	SRC-AA	0.18		
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: / /
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: / /		

Printed Name: Mark Haglund Signature:  Date: 05/12/23	Title: Operations Supervisor Phone #: (541) 412-0424	Operator Certification #: T2 6161FE OR 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.