

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **5/2023**

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	18:20	SRC-AA	0.23		
2	00:05	SRC-AA	0.17		
3	23:40	SRC-AA	0.15		
4	20:40	SRC-AA	0.29		
5	00:50	SRC-AA	0.27		
6	22:55	SRC-AA	0.27		
7	15:45	SRC-AA	0.23		
8	01:45	SRC-AA	0.26		
9	09:50	SRC-AA	0.16		
10	18:05	SRC-AA	0.13		
11	07:50	SRC-AA	0.29		
12	07:25	SRC-AA	0.35		
13	23:55	SRC-AA	0.37		
14	00:25	SRC-AA	0.37		
15	05:10	SRC-AA	0.36		
16	23:20	SRC-AA	0.38		
17	00:40	SRC-AA	0.38		
18	23:55	SRC-AA	0.37		
19	07:20	SRC-AA	0.38		
20	07:10	SRC-AA	0.38		
21	04:50	SRC-AA	0.37		
22	19:05	SRC-AA	0.38		
23	04:20	SRC-AA	0.37		
24	11:00	SRC-AA	0.37		
25	15:20	SRC-AA	0.37		
26	07:20	SRC-AA	0.38		
27	23:55	SRC-AA	0.38		
28	02:25	SRC-AA	0.37		
29	10:35	SRC-AA	0.39		
30	05:20	SRC-AA	0.38		
31	05:25	SRC-AA	0.37		

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 #: **6161 T2 FE**

Signature: 

Phone #: **(541) 412-0424**

OR

Date: **06 / 01 / 2023**

Small Groundwater System

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.