

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **06/2023**

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	05:35	SRC-AA	0.38		
2	21:45	SRC-AA	0.38		
3	15:00	SRC-AA	0.38		
4	04:55	SRC-AA	0.38		
5	06:05	SRC-AA	0.35		
6	21:20	SRC-AA	0.37		
7	02:10	SRC-AA	0.37		
8	17:45	SRC-AA	0.40		
9	18:05	SRC-AA	0.38		
10	08:20	SRC-AA	0.37		
11	20:05	SRC-AA	0.38		
12	23:50	SRC-AA	0.39		
13	18:45	SRC-AA	0.38		
14	20:35	SRC-AA	0.37		
15	17:35	SRC-AA	0.38		
16	07:15	SRC-AA	0.41		From Mission Charts
17	11:15	SRC-AA	0.24		From Mission Charts
18	17:40	SRC-AA	0.26		From Mission Charts
19	07:05	SRC-AA	0.27		From Mission Charts
20	09:50	SRC-AA	0.41		From Mission Charts
21	23:50	SRC-AA	0.36		
22	06:05	SRC-AA	0.36		
23	00:25	SRC-AA	0.36		
24	21:20	SRC-AA	0.36		
25	01:10	SRC-AA	0.37		
26	17:35	SRC-AA	0.36		
27	19:20	SRC-AA	0.38		
28	20:20	SRC-AA	0.38		
29	19:55	SRC-AA	0.36		
30	08:50	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><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%;"> <p>Did continuous monitoring equipment fail at any time this reporting month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WTP Chart recorder didn't record properly, back-up Mission System worked fine.</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 checked="" type="checkbox"/> No</p> <p><i>Mission System had Cl2 results and used that data.</i></p> </td> <td style="width: 40%;"> <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> <p>See notes above</p> </td> </tr> </table>	<p>Did continuous monitoring equipment fail at any time this reporting month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WTP Chart recorder didn't record properly, back-up Mission System worked fine.</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 checked="" type="checkbox"/> No</p> <p><i>Mission System had Cl2 results and used that data.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> <p>See notes above</p>
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Printed Name: <b>Mark Haglund</b> Signature: <i>Mark Haglund</i> Date: <b>07 / 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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