

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **07/2023**

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	21:50	SRC-AA	0.38		
2	22:20	SRC-AA	0.37		
3	07:15	SRC-AA	0.37		
4	17:10	SRC-AA	0.36		
5	12:05	SRC-AA	0.37		
6	19:40	SRC-AA	0.37		
7	16:20	SRC-AA	0.38		
8	21:15	SRC-AA	0.38		
9	02:20	SRC-AA	0.38		
10	22:50	SRC-AA	0.40		
11	22:30	SRC-AA	0.40		
12	17:25	SRC-AA	0.38		
13	17:30	SRC-AA	0.38		
14	03:20	SRC-AA	0.37		
15	17:25	SRC-AA	0.38		
16	23:55	SRC-AA	0.37		
17	20:23	SRC-AA	0.27		From Mission Charts
18	06:29	SRC-AA	0.27		From Mission Charts
19	05:15	SRC-AA	0.39		From Mission Charts
20	21:15	SRC-AA	0.36		From Mission Charts
21	06:01	SRC-AA	0.33		From Mission Charts
22	14:20	SRC-AA	0.37		
23	22:25	SRC-AA	0.37		
24	10:25	SRC-AA	0.38		
25	21:55	SRC-AA	0.37		
26	18:35	SRC-AA	0.37		
27	08:40	SRC-AA	0.37		
28	15:35	SRC-AA	0.38		
29	18:15	SRC-AA	0.38		
30	17:35	SRC-AA	0.38		
31	21:50	SRC-AA	0.38		

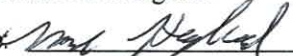
Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<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 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>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: 08 / 01 / 2023

Small Groundwater System