

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

System Name **Brookings**

PWS ID# 41 00149

Month/Year **9/2023**

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. 5 monitor at Entry Pt (minimum 0.3 mg/L)	Notes
1	21:20	SRC-AA	0.51		
2	08:30	SRC-AA	0.51		
3	21:00	SRC-AA	0.51		
4	21:50	SRC-AA	0.51		
5	15:25	SRC-AA	0.51		
6	15:20	SRC-AA	0.51		
7	22:05	SRC-AA	0.51		
8	06:05	SRC-AA	0.51		
9	20:05	SRC-AA	0.52		
10	20:25	SRC-AA	0.16		
11	06:50	SRC-AA	0.25		
12	00:45	SRC-AA	0.32		
13	23:40	SRC-AA	0.49		
14	20:50	SRC-AA	0.50		
15	02:35	SRC-AA	0.49		
16	18:15	SRC-AA	0.49		
17	10:05	SRC-AA	0.50		
18	20:30	SRC-AA	0.50		
19	15:05	SRC-AA	0.50		
20	13:10	SRC-AA	0.40		
21	17:30	SRC-AA	0.40		
22	12:05	SRC-AA	0.36		
23	23:35	SRC-AA	0.38		
24	19:15	SRC-AA	0.39		
25	05:50	SRC-AA	0.37		
26	23:55	SRC-AA	0.32		
27	07:55	SRC-AA	0.28		
28	07:50	SRC-AA	0.27		
29	07:35	SRC-AA	0.26		
30	07:55	SRC-AA	0.31		
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><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>Attach these results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>Attach grab sample results and submit them with this form.</p>	<p>Calculate continuous monitoring equipment failed: _____ / _____</p> <p>Calculate time returned to service: _____ / _____</p>
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Printed Name: **Mark Haglund** Title: **Operations Supervisor - Jacobs** Operator Certification #: **6161 T2 PE**  
 Signature: *Mark Haglund* Phone #: **(541) 661-1732** OR  
 Date: **10/6/2023** Special Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 503-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.