

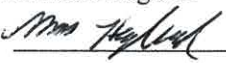
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **Brookings** PWS ID# **4 1 00149**
 Month/Year **11/2023** 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	03:26	SRC-AA	0.28		
2	10:49	SRC-AA	0.27		
3	03:59	SRC-AA	0.27		
4	11:34	SRC-AA	0.26		
5	11:06	SRC-AA	0.26		
6	13:50	SRC-AA	0.22		
7	11:38	SRC-AA	0.27		
8	04:12	SRC-AA	0.27		
9	04:38	SRC-AA	0.29		
10	13:20	SRC-AA	0.27		
11	07:06	SRC-AA	0.27		
12	21:32	SRC-AA	0.28		
13	13:28	SRC-AA	0.26		
14	07:10	SRC-AA	0.27		
15	18:04	SRC-AA	0.28		
16	01:44	SRC-AA	0.28		
17	10:02	SRC-AA	0.26		
18	17:40	SRC-AA	0.25		
19	03:04	SRC-AA	0.21		
20	10:24	SRC-AA	0.24		
21	11:18	SRC-AA	0.25		
22	04:16	SRC-AA	0.30		
23	04:50	SRC-AA	0.28		
24	18:14	SRC-AA	0.25		
25	03:54	SRC-AA	0.28		
26	10:46	SRC-AA	0.29		
27	03:36	SRC-AA	0.29		
28	03:28	SRC-AA	0.29		
29	09:28	SRC-AA	0.28		
30	01:28	SRC-AA	0.27		
31					

Was the chlorine residual ever less than the required minimum residual of 0.1 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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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** Operator Certification #: **T2 6161 FE**
 Signature:  Phone #: **(541) 661-1732** OR
 Date: **12 / 07 / 2023** Small Groundwater System