

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **February 24**

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	0825	SRC-AA	0.34		
2	1255	SRC-AA	0.33		
3	2025	SRC-AA	0.33		
4	1120	SRC-AA	0.34		
5	0540	SRC-AA	0.35		
6	1937	SRC-AA	0.35		
7	0645	SRC-AA	0.34		
8	2130	SRC-AA	0.37		
9	0850	SRC-AA	0.35		
10	0220	SRC-AA	0.38		
11	0507	SRC-AA	0.38		
12	1950	SRC-AA	0.40		
13	2020	SRC-AA	0.39		
14	2050	SRC-AA	0.07		Was below 0.10 limit for 7 minutes
15	2320	SRC-AA	0.31		
16	1250	SRC-AA	0.34		
17	0710	SRC-AA	0.58		
18	2250	SRC-AA	0.56		
19	0550	SRC-AA	0.51		
20	2125	SRC-AA	0.55		
21	1825	SRC-AA	0.58		
22	1640	SRC-AA	0.57		
23	1040	SRC-AA	0.57		
24	0825	SRC-AA	0.60		
25	0445	SRC-AA	0.60		
26	1245	SRC-AA	0.61		
27	1225	SRC-AA	0.61		
28	1035	SRC-AA	0.60		
29	1640	SRC-AA	0.56		
30		SRC-AA			
31		SRC-AA			

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? Was below 0.10 for 7 minutes.

<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? <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"/> Not required since it was less than 4 hours.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **Jeff A. Houchin**

Title: **Area Manager**

Operator Certification #: **6497**

Phone #: **503-313-5808**

OR

Signature: 

Date: **3/7/2024**

Small Groundwater System

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

*Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.*

August 22, 2019