

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

System Name **Brookings**

PWS ID# **4 1 00149**

Month/Year **March 2026**

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 | 0330 | SRC-AA | 0.38 | | |
| 2 | 1430 | SRC-AA | 0.38 | | |
| 3 | 1605 | SRC-AA | 0.47 | | |
| 4 | 1035 | SRC-AA | 0.46 | | |
| 5 | 1925 | SRC-AA | 0.37 | | |
| 6 | 0345 | SRC-AA | 0.39 | | |
| 7 | 0345 | SRC-AA | 0.45 | | |
| 8 | 1920 | SRC-AA | 0.45 | | |
| 9 | 0410 | SRC-AA | 0.44 | | |
| 10 | 0455 | SRC-AA | 0.46 | | |
| 11 | 0445 | SRC-AA | 0.48 | | |
| 12 | 0725 | SRC-AA | 0.44 | | |
| 13 | 0550 | SRC-AA | 0.44 | | |
| 14 | 2105 | SRC-AA | 0.45 | | |
| 15 | 2305 | SRC-AA | 0.44 | | |
| 16 | 0710 | SRC-AA | 0.43 | | |
| 17 | 1800 | SRC-AA | 0.44 | | |
| 18 | 0155 | SRC-AA | 0.34 | | |
| 19 | 1410 | SRC-AA | 0.45 | | |
| 20 | 1400 | SRC-AA | 0.43 | | |
| 21 | 1730 | SRC-AA | 0.44 | | |
| 22 | 0445 | SRC-AA | 0.37 | | |
| 23 | 0410 | SRC-AA | 0.38 | | |
| 24 | 1810 | SRC-AA | 0.42 | | |
| 25 | 1900 | SRC-AA | 0.44 | | |
| 26 | 0210 | SRC-AA | 0.43 | | |
| 27 | 1855 | SRC-AA | 0.44 | | |
| 28 | 2055 | SRC-AA | 0.44 | | |
| 29 | 0545 | SRC-AA | 0.42 | | |
| 30 | 2030 | SRC-AA | 0.44 | | |
| 31 | 0415 | SRC-AA | 0.46 | | |

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?

| | | |
|---|--|---|
| <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"/> No required since it was less than 4 hours.</p> | <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> |
|---|--|---|

Printed Name: **Brenda L Vasquez**

Title: **DRC**

Operator Cert #: **T2-D1 070226**

Signature: **Brenda L Vasquez** _____

Phone #: **(541) 254-1909**

OR

Date: **03 / 08 / 2026**

Small Groundwater System

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.

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