Month/Year NOV. 24 Entry Point: WTP-A Required Minimum Residual mg/L 0.3

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2			.33	
3			.33	
4			.34	
5			.34	
6			.34	
7			.35	
8			.35	
9			.36	
10			.36	
11			.37	
12			.37	
13			.38	
14			.38	
15			.39	
16			.39	
17			.38	
18			.36	
19			.39	
20			.39	
21			.40	
22			.40	
23			.41	
24			.41	
25			.41	
26			.42	
27			.42	
28			.42	
29			.42	
30			.41	
31			.41	

Was the chlorine residual ever less than the required minimum residual of 0.3 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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: LEO JONES Title: ASSISTANT OPERATOR

Signature: Leo Jones Phone #: (502) 969-4415

Date: 12/09/2024

Operator Certification #:

OR

Small Groundwater System ☒