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

| System Nam  | e                                     | City of Dayton      |                                | PWS # 4100252                      |  |
|---|---------------------------------------|---------------------|--------------------------------|------------------------------------|--|
| Month/Year  | · Jan-21                              | L                   | Entry Point WTP - A1           | Required Minimum Residual 0.6 mg/L |  |
|   |                                       |                     | Lowest free chlorine residual  |                                    |  |
|   |                                       |                     | at entry point to distribution |                                    |  |
| Date  | Time                                  | Source in Use       | system                         | Notes                              |  |
| 1   | 8:40                                  | WTP - A1            | 0.84                           |                                    |  |
| 2   | 8:00                                  | <u> </u>            | 0.81                           |                                    |  |
| 3   | 8:33                                  |                     | 0.88                           |                                    |  |
| 4   | 8:30                                  | <u> </u>            | 0.85                           |                                    |  |
| 5   | 8:01                                  | ļ                   | 0.93                           |                                    |  |
| 6   | 8:16                                  | Ļ                   | 0.90                           |                                    |  |
| 7   | 8:00                                  | <b></b>             | 0.91                           |                                    |  |
| 8   | 8:52                                  | ┨─────              | 0.90                           |                                    |  |
| 9   | 8:19                                  | <b></b>             | 0.92                           |                                    |  |
| 10<br>11  | 8:20<br>6:43                          | <u> </u>            | 0.91                           |                                    |  |
| 11  | 6:43                                  | <b> </b>            |                                |                                    |  |
| 12  | 6:58                                  | <b></b>             | 0.84                           |                                    |  |
| 13<br>14  | 6:58                                  | <b> </b>            | 0.88                           |                                    |  |
| 14  | 7:03                                  | <b></b>             | 0.88                           |                                    |  |
| 15  | 7:05                                  |                     | 0.89                           |                                    |  |
| 10  | 7:30                                  | <del> </del>        | 0.85                           |                                    |  |
| 17  | 8:24                                  | <del> </del>        | 0.87                           |                                    |  |
| 10  | 7:52                                  | +                   | 0.84                           |                                    |  |
| 20  | 8:13                                  | +                   | 0.88                           |                                    |  |
| 20  | 7:46                                  | 1                   | 0.86                           |                                    |  |
| 22  | 9:47                                  | 1                   | 0.74                           |                                    |  |
| 23  | 7:19                                  | +                   | 0.86                           |                                    |  |
| 24  | 7:30                                  | +                   | 0.86                           |                                    |  |
| 25  | 6:50                                  | 1                   | 0.79                           |                                    |  |
| 26  | 7:00                                  | 1                   | 0.84                           |                                    |  |
| 27  | 7:10                                  |                     | 0.84                           |                                    |  |
| 28  | 6:50                                  |                     | 0.92                           |                                    |  |
| 29  | 7:52                                  |                     | 1.00                           |                                    |  |
| 30  | 7:52                                  |                     | 1.02                           |                                    |  |
| 31  | 7:51                                  | WTP - A1            | 0.99                           |                                    |  |
| Was the chlo  | orine residual ever l                 | less than the requi | red minimum residual of 0.6 mg | g/L 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 buisness day   |                                       |                     |                                |                                    |  |
|   | in 3,300 or Few                       |                     |                                |                                    |  |
| If yes, did y   | If yes, did you monitor every 4 hours |                     |                                |                                    |  |
| until the residual returned to 0.6 mg/L   |                                       |                     |                                |                                    |  |
|   | d YES NO                              | <u> </u>            |                                |                                    |  |
|   |                                       |                     |                                |                                    |  |
| Attach those results and submit them  |                                       |                     |                                |                                    |  |
| with this fo  |                                       |                     |                                |                                    |  |
| Printed Name Stephen Sagmiller TitlePublic Works Director Operator Certification # 6845 Signature Stephen Sagmiller |                                       |                     |                                |                                    |  |
| Date 1/3/2021   |                                       |                     |                                |                                    |  |
|   |                                       |                     |                                |                                    |  |