

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

System Name:	City of Florence	PWS ID#	4 1 00299
Month/Year	April / 2021	Entry Point:	EP - A
		Required Minimum Residual	.3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:45	2,3,4,5	0.79	
2	6:21	2,3,4,5	0.82	
3	17:49	4,5	0.68	
4	23:51	4,5	0.78	
5	20:52	4,5,10	0.76	
6	18:29	4,5,10	0.74	
7	15:42	5,7,10,13	0.56	
8	12:58	6,7,10,11,13	0.88	
9	18:12	6,7,10,11,13	0.81	
10	23:46	7,10,11,13	0.97	
11	8:46	7,10,11,13	0.68	
12	17:45	3,7,10,11,13	0.68	
13	23:57	3,7,10,11,13	0.87	
14	3:39	3,7,10,11,13	0.61	
15	12:32	3,7,10,11,12,13	0.45	
16	19:36	3,7,10,11,12,13	0.83	
17	23:49	3,7,10,11,12,13	0.95	
18	6:12	3,7,10,11,12,13	0.72	
19	15:25	1,2,3,8,9,12,13	0.92	
20	14:23	1,2,3,8,9,12,13	1.01	
21	10:13	1,3,8,9,12,13	0.83	
22	22:56	1,2,3,8,9,12,13	0.75	
23	14:49	1,2,3,8,9,12,13	0.88	
24	3:51	1,2,3,8,9,12,13	0.7	
25	14:22	1,3,8,9,12,13	0.71	
26	23:51	1,3,8,9,12,13	0.7	
27	0:03	1,3,8,9,12,13	0.69	
28	9:06	1,3,8,9,12,13	0.61	
29	13:24	1,3,5,6,8,9,12,13	1.04	
30	7:20	1,2,5,6,8,9,12,13	1.07	
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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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 0.3 mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them</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 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: August Murphy	Title: WTP DRC	Operator Certification #: T 08399
Signature: <i>August Murphy</i>	Phone #: (541) 997-7370	OR
Date: 5 / 5 / 2021		Small Groundwater System