

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 June 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	13:29	1,2,3,4,6,7,11,13	0.79	
2	18:43	2,3,4,6,7,11,13	0.79	
3	12:15	1,2,3,4,6,7,11,13	0.8	
4	23:59	1,2,3,4,7,11,13	0.57	
5	0:56	1,2,3,4,7,11,13	0.56	
6	8:47	1,2,3,4,7,11,13	0.63	
7	3:37	1,2,3,4,7,11,13	0.66	
8	14:23	1,2,3,4,7,11,13	0.65	
9	10:55	1,2,3,4,7,11,13	0.64	
10	7:27	1,2,3,4,7,11,13	0.63	
11	19:06	1,2,3,4,7,11,13	0.61	
12	12:55	1,2,3,4,7,11,13	0.63	
13	6:32	1,2,3,4,7,11,13	0.48	
14	1:07	1,2,3,4,7,11,13	0.52	
15	23:45	5,6,8,9,10,13	0.94	
16	10:58	5,6,8,9,10,12	0.64	
17	12:09	1,5,6,8,9,10,12	0.71	
18	12:17	1,5,6,8,9,10,12	0.49	
19	16:46	1,2,5,6,8,9,10,12	0.6	
20	9:28	1,2,5,6,8,9,10,12	0.56	
21	13:36	1,2,5,6,8,9,10,12	0.57	
22	4:56	1,2,5,6,8,9,10,12	0.57	
23	13:12	5,6,8,9,10,12	0.62	
24	22:07	5,6,8,9,10,12	0.56	
25	9:08	5,6,8,9,10,12	0.52	
26	23:41	4,5,6,8,9,10,12,13	0.59	
27	15:34	4,5,6,8,9,10,12,13	0.54	
28	7:36	4,5,6,8,9,10,12,13	0.54	
29	1:24	4,5,6,8,9,10,12,13	0.61	
30	18:24	4,5,6,8,9,12	0.67	
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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

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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>	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>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: August Murphy Signature: <i>August Murphy</i> Date: 7 / 2 / 2021	Title: WTP DRC Phone #: (541) 997-7370	Operator Certification #: T 08399 OR Small Groundwater System
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