

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 July 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 | 11:11 | 4,5,6,8,9,12 | 0.72 | |
| 2 | 10:06 | 4,5,6,8,9,12 | 0.48 | |
| 3 | 21:51 | 4,5,6,8,9,12 | 0.65 | |
| 4 | 14:38 | 1,4,5,6,8,9,12 | 0.61 | |
| 5 | 4:56 | 1,4,5,6,8,9,12 | 0.59 | |
| 6 | 11:24 | 1,4,5,6,7,8,9,12 | 0.81 | |
| 7 | 1:46 | 1,4,5,6,7,8,9,12 | 0.78 | |
| 8 | 12:06 | 1,4,5,7,8,9,12 | 0.74 | |
| 9 | 19:28 | 1,4,5,7,8,9,12 | 0.07 | 18:55-20:00 |
| 10 | 11:39 | 1,3,4,5,7,8,9,12 | 0.69 | |
| 11 | 19:15 | 1,3,4,5,7,8,9,12 | 0.66 | |
| 12 | 13:19 | 1,3,4,5,7,8,9,12 | 0.35 | |
| 13 | 12:20 | 1,3,4,5,7,8,9,12 | 0.68 | |
| 14 | 9:36 | 1,3,4,5,7,8,9,12 | 0.71 | |
| 15 | 23:37 | 1,2,3,4,5,8,9,10,11,13 | 0.77 | |
| 16 | 15:27 | 1,2,3,4,5,8,9,10,11,13 | 0.52 | |
| 17 | 5:06 | 1,2,3,4,5,8,9,10,11,13 | 0.5 | |
| 18 | 19:45 | 1,2,3,4,5,8,9,10,11,13 | 0.49 | |
| 19 | 21:47 | 1,2,3,4,5,8,9,10,11,13 | 0.52 | |
| 20 | 11:05 | 1,2,3,4,5,8,9,10,11,13 | 0.55 | |
| 21 | 0:59 | 1,2,3,4,5,8,9,10,11,13 | 0.52 | |
| 22 | 16:43 | 1,2,3,4,5,8,9,10,11,13 | 0.5 | |
| 23 | 6:10 | 1,2,3,4,5,8,9,10,11,13 | 0.5 | |
| 24 | 18:20 | 1,2,3,4,5,8,9,10,11,13 | 0.5 | |
| 25 | 9:01 | 1,2,3,4,5,8,9,10,11,13 | 0.54 | |
| 26 | 12:42 | 1,2,3,4,5,8,9,10,11,13 | 0.52 | |
| 27 | 15:41 | 1,2,3,4,5,8,9,10,11,13 | 0.6 | |
| 28 | 3:29 | 1,2,3,4,5,8,9,10,11,13 | 0.52 | |
| 29 | 2:55 | 1,2,3,4,5,8,9,10,11,13 | 0.65 | |
| 30 | 15:04 | 1,2,3,4,5,8,9,10,11,13 | 0.68 | |
| 31 | 14:42 | 1,2,3,4,5,8,9,10,11,13 | 0.66 | |

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? 1.1 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: / / |

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| Printed Name: August Murphy Signature: <u>August Murphy</u> Date: 8 / 2 / 2021 | Title: WTP DRC Phone #: (541) 997-7370 | Operator Certification #: T 08399 OR Small Groundwater System |
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