

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 Aug 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	2:36	1,2,3,4,5,8,9,10,11,13	0.65	
2	1:45	1,2,3,4,5,8,9,10,11,13	0.61	
3	12:20	1,2,3,4,5,8,9,10,11,13	0.66	
4	14:37	1,2,3,4,5,8,9,10,11,13	0.62	
5	19:42	1,2,3,4,5,8,9,10,11,13	0.6	
6	12:43	1,2,3,4,5,8,9,10,11,13	0.72	
7	12:49	1,2,3,4,6,7,8,9,11,13	0.68	
8	11:08	1,2,3,4,6,7,8,9,11,12,13	0.69	
9	10:48	1,2,3,4,6,7,8,9,12,13	0.58	
10	1:38	1,2,3,4,6,7,8,9,12,13	0.66	
11	17:44	1,2,3,4,6,7,8,9,12,13	0.68	
12	20:14	1,2,3,4,6,7,8,12,13	0.66	
13	22:51	1,2,3,4,6,7,8,12,13	0.63	
14	15:23	1,2,3,4,6,7,8,12,13	0.63	
15	9:24	1,2,3,4,6,7,8,12,13	0.65	
16	13:23	1,2,3,4,6,7,8,12,13	0.69	
17	2:22	1,2,3,4,6,7,8,12,13	0.63	
18	9:19	1,2,3,4,6,7,8,12,13	0.76	
19	5:06	1,2,3,4,6,7,8,12,13	0.75	
20	21:38	1,3,4,6,7,8,12,13	0.7	
21	13:59	1,3,4,6,7,8,12,13	0.71	
22	14:01	1,3,4,6,7,8,12,13	0.67	
23	6:54	1,3,4,6,7,8,12,13	0.68	
24	10:23	1,3,4,6,7,8,10,12,13	0.37	
25	13:50	1,3,4,6,7,8,10,12,13	0.8	
26	19:22	1,3,4,6,7,8,10,12,13	0.79	
27	0:32	1,3,4,6,7,8,10,12,13	0.85	
28	16:55	1,3,4,6,7,8,10,12	0.69	
29	22:21	1,3,4,6,7,8,10,12	0.66	
30	11:09	1,3,4,6,7,8,10,12	0.69	
31	16:54	1,3,4,6,7,8,10,12	0.84	

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: 9 / 1 / 2021	Title: WTP DRC Phone #: (541) 997-7370	Operator Certification #: T 08399 OR Small Groundwater System
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