

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 Sep 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	21:45	1,3,4,6,7,8,10,12	0.81	
2	12:24	1,3,4,6,7,8,10,12	0.78	
3	16:27	1,3,4,6,7,8,10,12	0.70	
4	21:47	1,3,4,6,7,8,10,12	0.65	
5	12:26	1,3,4,6,7,8,10,12	0.66	
6	16:23	1,3,4,6,7,8,10,12,13	0.70	
7	22:35	1,3,4,6,7,8,10,12,13	0.74	
8	1:34	1,3,4,6,7,8,10,12,13	0.85	
9	19:31	1,3,4,6,7,10,12,13	0.85	
10	10:53	1,3,4,6,7,10,12,13	0.88	
11	2:44	1,2,3,4,5,7,11,13	0.77	
12	12:55	1,2,3,4,5,7,9,11,13	0.76	
13	9:47	1,2,3,4,5,7,9,11,13	0.76	
14	18:20	1,2,3,4,5,7,9,11,13	0.70	
15	9:56	1,2,3,4,5,7,9,11,13	0.72	
16	14:58	1,2,3,4,5,7,9,11,13	0.69	
17	5:42	1,2,3,4,5,7,9,11,13	0.67	
18	12:10	2,5,7,9,11,13	0.67	
19	23:57	2,5,7,9,11,13	0.54	
20	18:14	2,5,7,9,11,13	0.52	
21	11:00	2,5,7,9,11,13	0.53	
22	4:15	2,5,7,9,11,13	0.59	
23	12:27	1,2,5,6,7,9,11,12,13	0.53	
24	7:04	1,2,5,6,7,8,11,12,13	0.73	
25	4:23	1,2,5,6,7,9,11,12,13	0.00	cl2 pump fail. 3:58am-4:50am
26	15:07	1,2,5,7,9,11,13	0.58	
27	7:35	1,2,5,7,9,11,13	0.56	
28	18:42	1,2,5,7,9,11,13	0.52	
29	11:20	1,2,7,9,11,13	0.25	cl2 pump fail
30	16:14	1,2,7,9,11,13	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? 1 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</p> <p><i>Attach those results and submit them</i></p>	<p style="text-align: center;">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</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

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Signature: <i>August Murphy</i>	Phone #: (541) 997-7370	OR
Date: 10 / 5 / 2021		Small Groundwater System