

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 Oct. 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	10:06	1,2,7,9,11,13	0.57	
2	17:59	1,2,7,9,11,13	0.60	
3	18:02	1,2,7,9,11,13	0.61	
4	18:43	1,2,7,9,11,13	0.59	
5	19:19	1,2,7,9,11,13	0.59	
6	20:11	1,2,7,9,11,13	0.63	
7	23:53	1,3,4,7,9,11,13	0.70	
8	13:25	1,3,4,7,12,13	0.57	
9	5:14	1,3,4,7,12,13	0.47	
10	6:58	1,3,4,7,12,13	0.44	
11	4:59	1,3,4,7,12,13	0.44	
12	3:59	1,3,4,7,12,13	0.45	
13	7:01	1,3,4,7,12,13	0.42	
14	10:55	1,7,12,13	0.50	
15	23:57	5,6,7,8,10	0.78	
16	0:24	5,6,7,8,10	0.74	
17	11:04	5,6,7,8,10	0.48	
18	12:04	5,6,7,8,10	0.56	
19	9:34	5,6,7,8,10	0.54	
20	23:39	5,6,7,8,10	0.58	
21	19:47	5,6,7,8,10	0.52	
22	17:46	5,6,7,8,10	0.54	
23	14:14	5,6,7,8,10	0.51	
24	11:46	5,6,7,8,10	0.55	
25	9:31	5,6,7,8,10	0.58	
26	16:26	5,6,7,8,10	0.42	
27	3:38	5,6,7,10	0.66	
28	3:38	5,6,7,10,13	0.51	
29	2:58	5,6,7,10,3	0.55	
30	2:58	5,6,7,10,13	0.63	
31	1:09	5,6,7,10,13	0.62	

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</p> <p><i>Attach those results and submit them</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <table style="width: 100%;"> <tr> <td style="width: 60%;"> <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> </td> <td style="width: 40%;"> <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> </td> </tr> </table>	<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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Printed Name: August Murphy Signature: <u>August Murphy</u> Date: 11 / 1 / 2021	Title: WTP DRC Phone #: (541) 997-7370	Operator Certification #: T 08399 OR Small Groundwater System
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