

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 Nov 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	1:21	6,7,10,13	0.54	
2	7:08	6,7,10,13	0.5	
3	11:57	6,7,10,13	0.46	
4	13:05	6,7,10,13	0.49	
5	15:03	4,5,7,11,13	0.64	
6	17:07	3a,4,5,7,11,13	0.69	
7	11:02	3a,4,5,7,11,13	0.71	
8	6:19	3a,4,5,7,11,13	0.6	
9	20:38	3a,4,5,7,11,13	0.67	
10	21:18	3a,4,7,11,13	0.39	
11	14:01	4,7,9,12,13	0.54	
12	4:17	4,7,9,12,13	0.89	
13	16:52	4,7,9,12,13	0.55	
14	23:50	4,7,9,12,13	0.72	
15	6:39	4,7,9,12,13	0.48	
16	20:54	4,7,9,12,13	0.45	
17	23:54	4,7,9,12,13	0.77	
18	9:41	4,7,9,12,13	0.48	
19	17:18	1,2,4,7,8,13	0.72	
20	2:44	1,2,4,7,8,13	0.55	
21	22:24	1,2,4,7,8,13	0.62	
22	23:36	1,2,4,7,8,13	0.66	
23	0:30	1,2,4,7,8,13	0.62	
24	4:42	1,4,7,8,13	0.54	
25	7:23	1,4,7,8,13	0.53	
26	3:00	1,4,7,8,13	0.71	
27	7:57	1,4,7,8,13	0.55	
28	13:44	1,4,7,8,13	0.48	
29	20:04	1,4,7,8,13	0.43	
30	23:57	1,4,7,8,13	0.6	
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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

<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> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <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> </div> <div style="width: 30%;"> <p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p> </div> </div>
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