State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name: City of Florence					F	PWS ID#	4 1 00299	
Month/Ye	ear Dec	2021	Entry Point: EP - /	Α	R	equired N	/linimum Residual .3 mg/L	
				Lowest free chlorine	;			
Date	Time	Sourc	ce(s) in use	residual at entry point	to		Notes	
				distribution system (mg				
1	2:13	1	17010	0.43	J/∟)			
1 2	2:13		4,7,8,13	0.43				
3	23:44	3a,5,8,10,12 3a,5,8,10,12		0.8				
4	12:11	3a,5,8,10,12			0.54			
4 5	18:15	3a,5,8,10,12			0.57			
6	18:14	3a,5,8,10,12		0.58				
7	11:37	2,3a,6,10,12		0.49				
8	23:59	2,3a,6,9,11		0.87				
9	1:31	2,3a,6,9,11			0.68			
10	9:51	2,3a,6,9,11		0.52				
11	16:30	2,3a,6,9,11		0.52				
12	23:52	2,3a,6,9,11		0.5				
13	0:01	2,3a,6,9,11		0.57				
14	7:17	2,3a,6,9,11		0.43				
15	11:58	2,3a,6,9,11		0.49				
16	18:26	2,3a,6,9,11		0.63				
17	10:15	2,3a,6,9,11		0.5				
18	0:12	2,3a,6,9,11		0.62				
19	6:57	2,3a,6,9,11		0.48				
20	10:13	2,3a,6,9,11		0.56				
21	15:19	2,3a,6,9,11		0.59				
22	17:32	2,3a,6,9,11		0.63				
23	20:14	1,2,3a,6,9,11		0.55				
24	0:04	1,2,3a,6,9,11		0.72				
25	2:27	1,2,3a,6,,11		0.53				
26	7:23	1,2,3a,6,11		0.55				
27	12:41	1,2,3a,6,11		0.54				
28	17:35	1,2,3a,6,11		0.59 0.08		nower out low for 22min		
29	7:54	1,2,3a,6,11 1,2,3a,6,11				power out, low for 23min…		
30	23:58			0.76				
<u>31</u> <u>3:36</u> <u>1,2,3a,6,11</u> <u>0.55</u>								
Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L? \square Yes \square No								
If yes, what was the longest time period until the required level was restored? 0.4 hours								
GWS	Serving 3,30	0 or Fewer	GWS Serving More Than 3			Than 3,	300	
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time			reporting	Date continuous monitoring	
until the residual returned to 0.3			month? □Yes 🗙 No				equipment failed:	
mg/L? □Yes □ No			If yes, were grab samples collected every four hours until th			ntil the		
Attach those results and submit them			continuous monitoring equipment was returned to ser			? □Yes	Date it was returned to service:	
			🗆 No					
			Attach grab sample results and submit them wit			orm.	1 1	
Printed Name: August Murphy			Title: WTP DRC			Operator Certification #: T 08399		
Signature: August Murph			Phone #: <u>(541) 997-7370</u>			OR		
Date: 1		2022				Small Groundwater System		

Y:\all daily worksheets\00.WATER REPORT AND WORKSHEETS ③\Ground Water Disinfection Report ⑧ ④\Ground Water Disinfection Report 2021 - Copy.xlsx