

Monthly Disinfection Report for Ground Water Systems

System Name City of Lafayette

PWS ID# 410045Z

Month/Year January 2021 Entry Point: A

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:00 PM	BBS, LS, PS, W10, W8	0.79	
2	6:00 PM	BBS, LS, PS, W10, W8	0.75	
3	11:00 PM	BBS, LS, PS, W10, W8	0.71	
4	3:00 AM	BBS, LS, PS, W10, W8	0.70	
5	5:00 AM	BBS, LS, PS, W10, W8	0.70	
6	9:00 AM	BBS, LS, PS, W10, W8	0.69	
7	1:00 PM	BBS, LS, PS, W10, W8	0.71	
8	3:00 AM	BBS, LS, PS, W10, W8	0.80	
9	1:00 AM	BBS, LS, PS, W10, W8	0.90	
10	2:30 AM	BBS, LS, PS, W10, W8	1.10	
11	6:00 AM	BBS, LS, PS, W10, W8	1.11	
12	2:00 PM	BBS, LS, PS, W10, W8	1.07	
13	3:00 PM	BBS, LS, PS, W10, W8	0.95	
14	10:00 AM	BBS, LS, PS, W10, W8	0.85	
15	4:00 PM	BBS, LS, PS, W10, W8	0.83	
16	2:00 AM	BBS, LS, PS, W10, W8	0.85	
17	11:30 PM	BBS, LS, PS, W10, W8	1.01	
18	3:00 PM	BBS, LS, PS, W10, W8	0.98	
19	6:00 PM	BBS, LS, PS, W10, W8	0.90	
20	2:00 AM	BBS, LS, PS, W10, W8	0.90	
21	1:00 AM	BBS, LS, PS, W10, W8	0.95	
22	10:00 PM	BBS, LS, PS, W10, W8	0.95	
23	7:00 PM	BBS, LS, PS, W10, W8	0.93	
24	9:00 AM	BBS, LS, PS, W10, W8	0.90	
25	11:00 PM	BBS, LS, PS, W10, W8	0.93	
26	9:00 PM	BBS, LS, PS, W10, W8	0.87	
27	11:30 PM	BBS, LS, PS, W10, W8	0.85	
28	11:45 PM	BBS, LS, PS, W10, W8	0.85	
29	7:00 PM	BBS, LS, PS, W10, W8	0.89	
30	4:00 AM	BBS, LS, PS, W10, W8	0.83	
31	2:00 AM	BBS, LS, PS, W10, W8	0.85	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fall 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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: KONRAD OIMMITY Title: Supervisor Operator Certification #: 09478
 Signature: [Signature] Phone #: (503) 437-0401
 Date: 2 1 1 21

OR
Small Groundwater System