

### Monthly Disinfection Report for Ground Water Systems

System Name City of Lafayette

PWS ID# 4100452

Month/Year April, 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	9 PM	BBS, LS, PS, WIO, W8	0.79	
2	4 AM	BBS, LS, PS, WIO, W8	0.80	
3	9 AM	BBS, LS, PS, WIO, W8	0.79	
4	3 AM	BBS, LS, PS, WIO, W8	0.84	
5	9 AM	BBS, LS, PS, WIO, W8	0.84	
6	6 PM	BBS, LS, PS, WIO, W8	0.75	
7	3 PM	BBS, LS, PS, WIO, W8	0.84	
8	7 AM	BBS, LS, PS, WIO, W8	0.77	
9	2 PM	BBS, LS, PS, WIO, W8	0.81	
10	2 AM	BBS, LS, PS, WIO, W8	0.84	
11	8 PM	BBS, LS, PS, WIO, W8	0.84	
12	12 PM	BBS, LS, PS, WIO, W8	0.85	
13	9 AM	BBS, LS, PS, WIO, W8	0.90	
14	3 AM	BBS, LS, PS, WIO, W8	0.74	
15	1 PM	BBS, LS, PS, WIO, W8	0.75	
16	9 AM	BBS, LS, PS, WIO, W8	0.69	
17	6 AM	BBS, LS, PS, WIO, W8	0.68	
18	12 AM	BBS, LS, PS, WIO, W8	0.75	
19	2 AM	BBS, LS, PS, WIO, W8	0.80	
20	1 PM	BBS, LS, PS, WIO, W8	0.82	
21	9 PM	BBS, LS, PS, WIO, W8	0.80	
22	3 PM	BBS, LS, PS, WIO, W8	0.82	
23	11 AM	BBS, LS, PS, WIO, W8	0.89	
24	2 AM	BBS, LS, PS, WIO, W8	0.87	
25	7 PM	BBS, LS, PS, WIO, W8	0.84	
26	9 PM	BBS, LS, PS, WIO, W8	0.80	
27	2 PM	BBS, LS, PS, WIO, W8	0.77	
28	4 PM	BBS, LS, PS, WIO, W8	0.75	
29	1 AM	BBS, LS, PS, WIO, W8	0.73	
30	3 AM	BBS, LS, PS, WIO, W8	0.82	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <u>KONRAD DIMMITT</u> Signature: <u>[Signature]</u> Date: <u>5/3/21</u>	Title: <u>SUPERVISOR</u> Phone #: <u>(505) 437-0401</u>	Operator Certification #: <u>09478</u> OR Small Groundwater System <input type="checkbox"/>
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