5/2/2021 11:39 AM T0:19716730694 FROM: 5038644501

Monthly Disinfection

Monthly Disinfection Report for Ground Water Systems

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System	n Name (iT) of	bufayette	PV	V\$ ID# 41	00452
Month/Year Way 2001 Entry Point: A Required Minimum Residual 0.2 mg/l					
Date	Time So	urce(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	1AM WIO, W.R. P	15, L5, BBS	0.80		····
2	12AM WIO, WE PS	/ / 5	0.83		11000
3	SAM WID, WY, PS	5.15. 885	0-78		4
4	1 pm W10, W8, P3	15, 885	0.75	•	, , , , , , , , , , , , , , , , , , , ,
5	65. m WID W8. PS	1.6. 885	0.80		11
6	LOW MO, WY,	PS, 1-5, BBS	0.76		
7	1 pm 1/10, WB,	PS, LS, BBS	0.75	1	,
8	12 AMWID WB.	95, L5, BB	0.90		11 YV
9	3 am W10, 418.	PS.15, BBS	0.90		V 101.1
10	6 mm W10, W8	PS. L.S. BB.S	0.75		
11	4 am 110, 115	3, P5, 15, BBS	0-85	1	
12	7 am 1110 114	PS 1.5 RRS	0.90	1	
13	50.00 W/0, W8	195115,BRS	8.85	†	-
14	40.00 W/1 W/8	PS. 25. 885	_ Ø.₹Ø		
15	10.00 WID WS	R5, 45, ABS	0.85	† · · · ·	
16	11 p.m WIQ W81	P5, 65, BBS	0.75		
17	1 am 110, W8.	PS. 15.885	0.75		•
18	4 pm WO, WB, F	5, 15, 885	0.70		
19	12 pm 410, 418,	PS, 45, 885	o-75		
20	Jam W10, W8,	PS. 45, BBS	0.80		,
21	2 som W10, WB.	PS, 15, BRS	0.85		W
22	30. m W10. W8	PS. 15. 885	0.85	1	,
23	2 pm 410, 148.	PS. LS. BRS	0.90		
24	90m W/0, W8,	PS. LS. RBS	0.90		
25 7000 W/O, W8, P5, 45, RB		PS. 15. RBS	5.45		
26 Com W10, W8, P5, 15, BR		PS.15, 885	0-65		
27 12 DV W/O, W8, P5.15.		PS.15. ABS	D-75		, , , , , , , , , , , , , , , , , , , ,
28 \ Du War WB. P5 , L5.		P5 , L5 , BBS	O-85		
29	1 pm W10, WH.		0.90		
30	40m W10, W8, 1	5, 45, 885	0-85		
31	12 mm W10, W8, 1	5, LS, BBS	0.90		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	y end of next business day.	in the second	2 49 20 C 10 10 C 20 C 20 C 20 C 20 C 20 C 2		Annual Water Frequent to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300					
If yes, did	you monitor every four hou	rs Did continuous n	Did continuous monitoring equipment fail at any time this		Î.
			reporting month? Yes No		Date continuous monitoring equipment failed:
as required? Type TNo			•		l /
Attach tho	se results and submit them	with continuous monit	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as		Date it was returned to
this form.		required?	required? Yes No		service;
		l '	Attach grab sample results and submit them with this form.		1 1
(2 1000 044 1511					
rinted Name: KONRAP DIMMITTILLE Tille:			SWPWV1501 Operator Certification #: 09478		
ignature: Margaret D. Euritt			Phone #: (503) 437-0401		OR
Date: 🖍	101000	CII C-			
Date: 6 / 2 / 2021 Small Groundwater System December 19, 2012					

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