

Monitoring Report for Groundwater Systems

System Name City of Lafayette PWS ID# 41 00452
 Month/Year Aug 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	1 P.M	W10, W8, PS, LS, BBS	.70	
2	1 A.M	W10, W8, PS, LS, BBS	.85	
3	12 A.M	W10, W8, PS, LS, BBS	.85	
4	12 A.M	W10, W8, PS, LS, BBS	.95	
5	9 P.M	W10, W8, PS, LS, BBS	.95	
6	9 P.M	W10, W8, PS, LS, BBS	.90	
7	10 P.M	W10, W8, PS, LS, BBS	.85	
8	9 P.M	W10, W8, PS, LS, BBS	.80	
9	12 A.M	W10, W8, PS, LS, BBS	.80	
10	7 P.M	W10, W8, PS, LS, BBS	1.45	
11	11 P.M	W10, W8, PS, LS, BBS	.75	
12	9 P.M	W10, W8, PS, LS, BBS	1.10	
13	10 P.M	W10, W8, PS, LS, BBS	.95	
14	8 P.M	W10, W8, PS, LS, BBS	.85	
15	1 P.M	W10, W8, PS, LS, BBS	.80	
16	6 A.M	W10, W8, PS, LS, BBS	.80	
17	2 P.M	W10, W8, PS, LS, BBS	.85	
18	8 P.M	W10, W8, PS, LS, BBS	.85	
19	12 P.M	W10, W8, PS, LS, BBS	.80	
20	12 A.M	W10, W8, PS, LS, BBS	.85	
21	8 P.M	W10, W8, PS, LS, BBS	.80	
22	1 P.M	W10, W8, PS, LS, BBS	.80	
23	6 A.M	W10, W8, PS, LS, BBS	.85	
24	10 P.M	W10, W8, PS, LS, BBS	.90	
25	9 P.M	W10, W8, PS, LS, BBS	.85	
26	1 A.M	W10, W8, PS, LS, BBS	.85	
27	9 P.M	W10, W8, PS, LS, BBS	.80	
28	1 A.M	W10, W8, PS, LS, BBS	.80	
29	10 P.M	W10, W8, PS, LS, BBS	.85	
30	1 A.M	W10, W8, PS, LS, BBS	.80	
31	3 P.M	W10, W8, PS, LS, BBS	.80	

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 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 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: Greg Robinson Title: Supervisor Operator Certification #: 09140
 Signature: [Signature] Phone #: (503) 437-0401 OR
 Date: 09/01/2021 Small Groundwater System