

Monitoring Report for Groundwater Systems

System Name City of Lafayette

PWS ID# 41 00452

Month/Year Oct. 1 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	12:00pm	W10, W8, PS, LS, BBS	0.90	
2	6:00pm	W10, W8, PS, LS, BBS	0.85	
3	1:00pm	W10, W8, PS, LS, BBS	0.85	
4	1:00pm	W10, W8, PS, LS, BBS	0.90	
5	12:00pm	W10, W8, PS, LS, BBS	0.90	
6	12:00pm	W10, W8, PS, LS, BBS	1.00	
7	12:00pm	W10, W8, PS, LS, BBS	1.05	
8	1:00pm	W10, W8, PS, LS, BBS	1.05	
9	12:00pm	W10, W8, PS, LS, BBS	1.05	
10	11:00pm	W10, W8, PS, LS, BBS	0.90	
11	6:00pm	W10, W8, PS, LS, BBS	0.85	
12	6:00pm	W10, W8, PS, LS, BBS	0.80	
13	1:00pm	W10, W8, PS, LS, BBS	0.75	
14	12:00pm	W10, W8, PS, LS, BBS	0.75	
15	4:00pm	W10, W8, PS, LS, BBS	0.75	
16	9:00am	W10, W8, PS, LS, BBS	0.65	
17	12:00pm	W10, W8, PS, LS, BBS	0.70	
18	12:00pm	W10, W8, PS, LS, BBS	0.75	
19	1:00pm	W10, W8, PS, LS, BBS	0.75	
20	12:00pm	W10, W8, PS, LS, BBS	0.80	
21	12:00pm	W10, W8, PS, LS, BBS	0.80	
22	12:00pm	W10, W8, PS, LS, BBS	0.85	
23	12:00pm	W10, W8, PS, LS, BBS	0.85	
24	12:00pm	W10, W8, PS, LS, BBS	0.95	
25	3:00pm	W10, W8, PS, LS, BBS	0.95	
26	1:00pm	W10, W8, PS, LS, BBS	0.95	
27	5:00pm	W10, W8, PS, LS, BBS	1.05	
28	12:00pm	W10, W8, PS, LS, BBS	0.90	
29	9:00pm	W10, W8, PS, LS, BBS	0.80	
30	12:00pm	W10, W8, PS, LS, BBS	0.80	
31	1:00pm	W10, W8, PS, LS, BBS	0.80	

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><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 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>	

Printed Name: Greg Robinson Title: Supervisor Operator Certification #: 09140  
 Signature: [Signature] Phone #: (503) 437-0401  
 Date: 10 05 2021

OR  
Small Groundwater System

December 19, 2012