

System Name City of Lafayette

PWS ID# 41-00452

Month/Year Dec. / 2022 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	11 P.M	W10, W8, PS, LS, BBS	.85	
2	12 AM	W10, W8, PS, LS, BBS	.90	
3	12 AM	W10, W8, PS, LS, BBS	.80	
4	1 AM	W10, W8, PS, LS, BBS	.80	
5	12 AM	W10, W8, PS, LS, BBS	.82	
6	2 AM	W10, W8, PS, LS, BBS	.90	
7	2 AM	W10, W8, PS, LS, BBS	.95	
8	1 AM	W10, W8, PS, LS, BBS	1.00	
9	11 PM	W10, W8, PS, LS, BBS	.95	
10	11 PM	W10, W8, PS, LS, BBS	.95	
11	12 AM	W10, W8, PS, LS, BBS	.90	
12	1 AM	W10, W8, PS, LS, BBS	.80	
13	11 PM	W10, W8, PS, LS, BBS	.70	
14	2 AM	W10, W8, PS, LS, BBS	.75	
15	1 AM	W10, W8, PS, LS, BBS	.70	
16	12 AM	W10, W8, PS, LS, BBS	.65	
17	1 AM	W10, W8, PS, LS, BBS	.70	
18	1 AM	W10, W8, PS, LS, BBS	.75	
19	2 AM	W10, W8, PS, LS, BBS	.90	
20	12 AM	W10, W8, PS, LS, BBS	.80	
21	12 AM	W10, W8, PS, LS, BBS	.85	
22	2 AM	W10, W8, PS, LS, BBS	.80	
23	2 AM	W10, W8, PS, LS, BBS	.80	
24	1 AM	W10, W8, PS, LS, BBS	.70	
25	12 AM	W10, W8, PS, LS, BBS	.65	
26	12 AM	W10, W8, PS, LS, BBS	.50	
27	1 AM	W10, W8, PS, LS, BBS	.50	
28	1 AM	W10, W8, PS, LS, BBS	.45	
29	1 AM	W10, W8, PS, LS, BBS	.30	
30	2 AM	W10, W8, PS, LS, BBS	.35	
31	12 AM	W10, W8, PS, LS, BBS	.80	

Was the chlorine residual ever less than the required minimum residual of .2 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 checked="" 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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: <u>1/1/23</u></p> <p>Date it was returned to service: <u>1/1/23</u></p>	

Printed Name: Greg Robinson Title: PW Supervisor  
 Signature: [Signature] Phone #: (503) 437-0401  
 Date: 01/03/2023

Operator Certification # 09140  
 OR  
 Small Groundwater System